

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90390 013 \*\*\*158.75

**DOCUMENT # P03000012511**

1. Entity Name

JOAQUIN GUILLERMO ROLDAN, PA



Principal Place of Business

6994 COLUMBIA CT  
MARGATE FL 33063

Mailing Address

6994 COLUMBIA CT  
MARGATE FL 33063

2. Principal Place of Business

12160 NW 77TH MANOR

3. Mailing Address

12160 NW 77TH MANOR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PARK

City & State

PARKLAND, FL

City & State

PARKLAND, FL

Zip

33076

Country

Broward

Zip

33076

Country

Broward

4. FEI Number

030507567

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

ROLDAN, JOAQUIN G

6994 COLUMBIA CT

MARGATE FL 33063

12160 NW 77TH MANOR

PARKLAND, FL 33076

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PRES  
NAME: ROLDAN, JOAQUIN G  
STREET ADDRESS: 6994 COLUMBIA CT  
CITY-ST-ZIP: MARGATE FL 33063 ☐ Delete

TITLE: PRES  
NAME: ROLDAN, JOAQUIN G  
STREET ADDRESS: 12160 NW 77TH MANOR  
CITY-ST-ZIP: PARKLAND, FL 33076 ☒ Change ☐ Addition

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
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STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
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CITY-ST-ZIP:

TITLE: ☐ Delete  
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STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAQUIN G. ROLDAN

3-31-04 (954) 501-1057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #