

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90090 029 \*\*\*150.00

**DOCUMENT # 255548**

1. Entity Name

RODMAN GARDENS INC



Principal Place of Business

1717 RODMAN ST  
HOLLYWOOD FL 33020

Mailing Address

1717 RODMAN ST #15  
HOLLYWOOD FL 33020  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0314727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABAZ, JUDITH A  
1717 RODMAN STREET  
APT 15  
HOLLYWOOD FL 33020

Name

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

City

FL

Zip Code

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, 2005 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

TITLE	STD	<input type="checkbox"/> Delete
NAME	ABAZ, JUDITH A	
STREET ADDRESS	1717 RODMAN ST. #15	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSAS, JUAN	
STREET ADDRESS	1717 RODMAN ST. #16	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCAULEY, CHARLIE	
STREET ADDRESS	1717 RODMAN ST # 12	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	P	<input type="checkbox"/> Delete
NAME	DEPREY, RAYMOND	
STREET ADDRESS	1717 RODMAN ST. #1	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	V	<input type="checkbox"/> Delete
NAME	OLIVIER, MARIO	
STREET ADDRESS	1717 RODMAN ST. #8	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Lyse Marcoux	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1717 Rodman St. #4	
STREET ADDRESS	Hollywood, FL 33020	Director
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Judith A. Abaz Judith A. Abaz

03/08/05

954-924-0194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #