2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 256278

Entity Name: RO-LEN LAKE GARDENS "A" CORPORATION

FILED May 08, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

714 S W 11TH AVE 714 S W 11TH AVENUE

HALLANDALE, FL 33009 HALLANDALE BEACH, FL 33009

Current Mailing Address: New Mailing Address:

714 S W 11TH AVE 714 S W 11TH AVENUE

HALLANDALE, FL 33009 HALLANDALE BEACH, FL 33009

FEI Number: 65-0969504 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

CONDE, PATRICIA CONDE, PATRICIA 800 SW 11 AVENUE 800 SW 11TH AVENUE

A-20 A-20

HALLAANDALE, FL 33009 US HALLANDALE BEACH, FL 33009 US

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.

SIGNATURE: PARTICIA CONDE 05/08/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition PEDICELLI, SILVINO PEDICELLI, SILVINO D Name: Name:

800 SW 11AVENUE 800 SW 11TH AVENUE APT# A-18 Address: Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: HALLANDALE BEACH, FL 33009

VPD Title: VΡ Title: () Delete (X) Change () Addition

Name: COSSETTE, GILLES Name: COSSETTE, GILLES VP

800 SW 11 AVE A-6 800 SW 11 TH AVENUE APT# A-6 Address: Address: HALLANDALE, FL 33009 HALLANDALE BEACH, FL 33009 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: PD () Delete PD

CONDE, PATRICIA CONDE, PATRICIA PD Name: Name:

800 SW 11 AVENUE 800 SW 11TH AVENUE APT# A-20 Address: Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: HALLANDALE BEACH, FL 33009

Title: () Delete Title: ST (X) Change () Addition

CORMIER, GERARD CORMIER, GERARD ST Name: Name:

Address: 800 SW 11 AVE Address: 800 SW 11TH AVENUE APT# A-19 City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: HALLANDALE BEACH, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA CONDE PD 05/08/2007