

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 256278

FILED
Apr 30, 2008
Secretary of State

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

Current Principal Place of Business:

714 S W 11TH AVENUE
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

714 S W 11TH AVENUE
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 65-0969504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONDE, PATRICIA
800 SW 11TH AVENUE
A-20
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

CONDE, PATRICIA RA
800 SW 11TH AVENUE
A-20
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: PATRICIA CONDE

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PEDICELLI, SILVINO D
Address: 800 SW 11TH AVENUE APT# A-18
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VP () Delete
Name: COSSETTE, GILLES VP
Address: 800 SW 11 TH AVENUE APT# A-6
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: PD () Delete
Name: CONDE, PATRICIA PD
Address: 800 SW 11TH AVENUE APT# A-20
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: ST () Delete
Name: CORMIER, GERARD ST
Address: 800 SW 11TH AVENUE APT# A-19
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

04/30/2008

Electronic Signature of Signing Officer or Director

Date