


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90022 002 \*\*\*150.00

<b>DOCUMENT # 256279</b>					
1. Entity Name <b>RO-LEN LAKE GARDENS "B" CORPORATION</b>					
Principal Place of Business <b>714 S W 11TH AVE HALLANDALE FL 33009</b>			Mailing Address <b>714 S W 11TH AVE HALLANDALE FL 33009</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent <del>FAHREL, MARCIE</del> <b>820 SW 11 AVE, # HALLADALE FL 33009</b>			7. Name and Address of New Registered Agent Name <b>JUANA EMERSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>820 S.W. 11 AVE -B-2</b> City <b>HALLANDALE</b> FL Zip Code <b>33009</b>		
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 <i>Juana Emerson</i> (Signature, typed or printed name of registered agent and title if applicable) <b>JUANA EMERSON</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>2/10/05</b>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VIP D</b> <b>HUCKLE, RAYMOND</b> <b>820 SW 11 AVE</b> <b>HALLANDALE FL 33009</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SIT D</b> <b>HELENE GACNON</b> <b>820 SW 11 AVE</b> <b>HALLANDALE, FL 33009</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BOURQUE, LAVRENT</b> <b>820 SW 11 AVE B-19</b> <b>HALLANDALE FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRB31D</b> <b>GUILLIFA, ANN</b> <b>800 SW 11 AVENUE #11</b> <b>HALLANDALE FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MERENDEZ, YOLA</b> <b>820 S.W. 11 AVE B12</b> <b>HALLANDALE FL 33009</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VAILLANCOURT, J D</b> <b>820 SW 11TH AVE B-1</b> <b>HALLANDALE FL 33009</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Anna A. Guillifa* **ANNA A. GUILLIFA** **2/8/05** **954-456-4933**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #