


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90422 002 ***150.00

DOCUMENT # 256279	
1. Entity Name RO-LEN LAKE GARDENS "B" CORPORATION	

Principal Place of Business 714 S W 11TH AVE HALLANDALE FL 33009	Mailing Address 714 S W 11TH AVE HALLANDALE FL 33009
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/05)

4. FEI Number 59-0966885		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EMERSON, JUANA 820 SW 11 AVE , B-2 HALLADALE FL 33009		7. Name and Address of New Registered Agent	
		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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VP/D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUCKLE, RAYMOND			NAME			
STREET ADDRESS	820 SW 11 AVE			STREET ADDRESS			
CITY-ST-ZIP	HALLANDALE FL 33009			CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOURQUE, LAVRENT			NAME			
STREET ADDRESS	820 SW 11 AVE B-19			STREET ADDRESS			
CITY-ST-ZIP	HALLANDALE FL			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUILLIFA, ANN			NAME			
STREET ADDRESS	800 SW 11 AVENUE #11			STREET ADDRESS			
CITY-ST-ZIP	HALLANDALE FL			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GACNON, HELENE			NAME			
STREET ADDRESS	820 SW 11 AVE			STREET ADDRESS			
CITY-ST-ZIP	HALLANDALE FL 33009			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAILLANCOURT, J D			NAME			
STREET ADDRESS	820 SW 11TH AVE B-1			STREET ADDRESS			
CITY-ST-ZIP	HALLANDALE FL 33009			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Q. Guillifa* **ANNA Q. Guillifa** 3/2/06 954-416-9933