

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-23-2005 90022 003 ***150.00

DOCUMENT # 256280

1. Entity Name

RO-LEN LAKE GARDENS "C" CORPORATION



Principal Place of Business

714 S W 11TH AVE
HALLANDALE FL 33009

Mailing Address

714 S W 11TH AVE
HALLANDALE FL 33009

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

59-0966885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLBURGH, STEVE
900 SW 11 AVE #C-20
HALLANDALE 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

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 PD ☐ Delete
NAME PERRIER, REAL
STREET ADDRESS 900 SW 11 AVE C18
CITY-ST-ZIP HALLANDALE FL

TITLE ~~VP~~ **STTD** ☐ Delete
NAME PAQUIN, ~~CLAUDE~~ **COLETTE**
STREET ADDRESS 900 SW 11 AVE-C-12A
CITY-ST-ZIP HALLANDALE FL 33009

TITLE DST ☐ Delete
NAME EMERY, DENISE
STREET ADDRESS 900 SW 11TH AVENUE #19
CITY-ST-ZIP HALLANDALE FL

TITLE D ☐ Delete
NAME LAPIERRE, MARCEL
STREET ADDRESS 900 SW 11 AVE
CITY-ST-ZIP HALLANDALE FL 33009

TITLE D ☐ Delete
NAME CHAMBERLAND, JEAN M
STREET ADDRESS 900 SW 11 AVE
CITY-ST-ZIP HALLANDALE FL

TITLE **VP-D** ☐ Delete
NAME **CLAUDE PAQUIN**
STREET ADDRESS **900 SW 11 AVE - C1A**
CITY-ST-ZIP **HALLANDALE FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Real Perrier **REAL PERRIER** 2/9-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #