

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-24-2006 90423 024 \*\*\*150.00

**DOCUMENT # 256282**

1. Entity Name

RO-LEN LAKE GARDENS "H" CORPORATION



Principal Place of Business

714 SW 11 AVENUE  
HALLANDALE FL 33009

Mailing Address

714 SW 11 AVENUE  
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

1st MOORE

CR2E034 (10/05)

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

7. Name and Address of New Registered Agent

**BERTRAND, GISELLE**  
901 SW 11TH AVENUE  
#10  
HALLANDALE FL 33009

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, types or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when revalidating)

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. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P/D ☒ Delete

NAME PORLIER, ROGER  
STREET ADDRESS 901 SW 11 AVE.  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE D ☒ Delete

NAME LACOURSIERT, REJEANNE  
STREET ADDRESS 901 S.W. 11 AVE.  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE D ☐ Delete

NAME LACOURSIER, REJEANNE  
STREET ADDRESS 901 S.W. 11 AVE.  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME **President Rejean Lafleche**  
STREET ADDRESS **901 S.W. 11th AVENUE H-2**  
CITY-ST-ZIP **HALLANDALE, FL, 33009**

TITLE ☐ Change ☒ Addition

NAME **VP ROGER PORLIER**  
STREET ADDRESS **901 S.W. 11th AVENUE H12A**  
CITY-ST-ZIP **HALLANDALE, FL, 33009**

TITLE ☒ Change ☐ Addition

NAME **ST LACOURSIERT, REJEANNE**  
STREET ADDRESS **901 S.W. 11th AVENUE H6**  
CITY-ST-ZIP **HALLANDALE, FL, 33009**

TITLE ☒ Change ☐ Addition

NAME **D PORLIER, ROGER**  
STREET ADDRESS **901 SW 11th AVENUE H12A**  
CITY-ST-ZIP **HALLANDALE, FL, 33009**

TITLE ☐ Change ☒ Addition

NAME **D BERTRAND, GISELLE**  
STREET ADDRESS **901 SW 11th AVENUE H-10**  
CITY-ST-ZIP **HALLANDALE, FL, 33009**

TITLE ☐ Change ☒ Addition

NAME **D BOULET, EDDY**  
STREET ADDRESS **901 SW 11th AVENUE H-8**  
CITY-ST-ZIP **HALLANDALE, FL, 33009**

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

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**REJEAN LAFLECHE 02-10-06 954-457-7506**