

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-24-2006 90417 032 ***150.00

DOCUMENT # 267582
 1. Entity Name
RO-LEN LAKE GARDENS D CORPORATION



Principal Place of Business Mailing Address
 714 S.W. 11TH AVENUE 714 S.W. 11TH AVENUE
 HALLANDALE FL 33009 HALLANDALE FL 33009



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-0966885 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARTINEZ, ORLANDO
920 S.W. 11TH AVE.
D-5
HALLANDALE FL 33009

7. Name and Address of New Registered Agent
 Name: **POWERS, ROBERT**
 Street Address (P.O. Box Number is Not Permitted): **920 SW 11 AVE**
D-19
 City: **HALLANDALE, FL** Zip Code: **33009**

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: *Robert O. Powers* **Robert O. Powers** **2/10/06**
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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> Delete
NAME	POWERS, ROBERT D	
STREET ADDRESS	920 SW 11 AVE., D-19	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JALBERT, REAL	
STREET ADDRESS	920 SW 11 AVE #19	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ROBITAILLE, JOCELYNE	
STREET ADDRESS	920 SW 11TH AVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	ST. GERMAIN, DENIS	
STREET ADDRESS	920 SW 11 AVE D-1	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Robert O. Powers* **Robert O. Powers** **954-456-8146** **2/10/06**