2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE

Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # 267583** 04-24-2006 90423 023 ***150.00 1. Entity Name RO-LEN LAKE GARDENS G CORPORATION Principal Place of Business Mailing Address 714 SOUTHWEST 11TH AVE HALLANDALE FL 33009-6755 714 SOUTHWEST 11TH AVE HALLANDALE FL 33009-6755 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-0966885 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FPAN(FS POLANS, MURRAY S 815 SW 11 AVE G-12 -12 HALLANDALE FL 33009 HALLANDALE 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 C (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Addition Delete TITLE ☐ Change BEDDRED, ROGER NAME PEDALINO, ERINOE NAME 815 SW 11th AVE 6-4 STREET ADDRESS STREET ADDRESS 815 SW 11TH AVE CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-7IP MAHANDIALE, FL, 39000 TITLE 🗂 Delete TITLE Addition HODERY, Uhald BEDARD, LOUISE NAME NAME 815 SW 11th ALE 6-23 STREET ADDRESS STREET ADDRESS 815 S.W. 11 AVE #7 CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP HALLANDALE EL 33009 Delete TITLE Addition Change POLANS, PEANCES NAME NAME CUILBEAULT, GASTON 815 SW 11th AUE 6-12 STREET ADDRESS STREET ADDRESS 815 SW 11 AVE. CITY-ST-7IP CITY-ST-ZIP HALLANDALE FL 33009 MALLIANDALE, FC, 33009 DST Addition TITLE Delete TITLE ☐ Change WILE, LAURENCE PALLADINO, D NAME NAME 815 SW 11th AVE 6-20 STREET ADDRESS 815 SW 11 AVE STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP MALLANDALE FL. 18007 TITLE ☐ Delete Change TITLE Addition BESOULNIERS, ROSE NAME NAME 815 SW 11th AVE 9-11 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE, FL 33009 Change TITLE Addition RESCHENES, CLAUDETTE 815 SW 11th AUE 9-16 LANGIOIS, RENE NAME 815 SW 11 AVE. 6-19 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE, FL 33009 HATIANDALE 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 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; the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the my name and if changed, or on an attachment with an address, with all other like empowered. the information frider or director

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