

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 267847

1. Entity Name

RO-LEN LAKE GARDENS M CORPORATION



Principal Place of Business

714 SOUTHWEST 11TH AVE
HALLANDALE FL 33009-6755

Mailing Address

714 SOUTHWEST 11TH AVE
HALLANDALE FL 33009-6755

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 (10/04)

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

AMENDOLA, ANN
1030 SW 11 ST
SUITE 14
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

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 VDST ☐ Delete
NAME LAMOTHE, ROSE
STREET ADDRESS 1030 SW 11 ST
CITY-ST-ZIP HALLANDALE FL

TITLE D ☐ Delete
NAME AMENDOLA, ANN
STREET ADDRESS 1030 SW 11 ST M 12A
CITY-ST-ZIP HALLANDALE FL

TITLE PD ☐ Delete
NAME ROSENFELD, SHEILA
STREET ADDRESS 1030 SW 11 ST #20
CITY-ST-ZIP HALLANDALE FL

TITLE D ☐ Delete
NAME SHORRE, ROBERT
STREET ADDRESS 1030 SW 11 L14
CITY-ST-ZIP HALLANDALE FL 33009

TITLE D ☐ Delete
NAME POIRIER, FABIEN
STREET ADDRESS 1030 S.W 11ST #7
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000000271997
03/21/05-80069-010 150.00

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

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

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TITLE ☐ Change ☐ Addition
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)(f), 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: Rose E. Lamothe Rose E. Lamothe 2-8-05 954-455-4191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #