

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-23-2005 90022 005 \*\*\*150.00

**DOCUMENT # 271476**

1. Entity Name

RO-LEN LAKE GARDENS "E" CORPORATION



Principal Place of Business

714 SOUTHWEST 11 AVENUE  
HALLANDALE FL 33009

Mailing Address

714 SOUTHWEST 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 (10/04)

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

7. Name and Address of New Registered Agent

TAYLOR, HERBERT  
1000 SW 11 AVENUE  
HALLANDALE FL 33009

Name RICHARD RATTE

Street Address (P.O. Box Number is Not Acceptable)

1000 SW 11 AVE - E7

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

Richard Ratte

RICHARD RATTE

5/8/05

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PID ☐ Delete  
NAME RATTE, RICHARD  
STREET ADDRESS 1000 SW 11TH AVENUE  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE VIP ☒ Change ☐ Addition  
NAME GERARD LANGSTON  
STREET ADDRESS 1000 SW 11 AVE - E-11  
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE STD ☐ Delete  
NAME COULOMBE, GEORGES  
STREET ADDRESS 1000 SW 11 AVE E7  
CITY-ST-ZIP HALLANDALE FL 33009

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

TITLE D ☐ Delete  
NAME TAYLOR, HERB  
STREET ADDRESS 1000 SW 11 AVE E20  
CITY-ST-ZIP HALLANDALE FL

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

TITLE D ☐ Delete  
NAME AUBINE, J. CLAUDE  
STREET ADDRESS 1000 SE 11 AVENUE #E-14  
CITY-ST-ZIP HALLANDALE FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(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:

Richard Ratte  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD RATTE 5/8/05 954-454-1614

Date

Daytime Phone #