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

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # 271476 04-24-2006 90423 021 ***150.00 1. Entity Name RO-LEN LAKE GARDENS "E" CORPORATION Principal Place of Business Mailing Address 714 SOUTHWEST 11 AVENUE 714 SOUTHWEST 11 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 Applied For 4. FEI Number 59-0966885 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RICHARD RATTE, RICHARD 1000 SW 11 AVE E HALLANDALE FL 33009 Zip Code 33001 HOLLANDALE 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 obligation SIGNATURE or printed name of registered agent and title if applicable 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change TITLE ☐ Delete TILLE Addition RATTE RICHARD 1000 SW 111th AVE E-05 TANGUAY, GERARD NAME NAME STREET ADDRESS 1000 SW 11TH AVENUE E-11 STREET ADDRESS HALIANDALE, FI, 33009 CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP Delete TITLE STD TITLE ☐ Change Addition BOURUSSO MARE-FRANCE NAME COULOMBE, GEORGES NAME STREET ADDRESS 1000 SW 11 AVE E7 STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP MALIANDALE IFI. Delete TITLE TITLE Addition D NAME NAME OUTOMBE, GEDRGES TAYLOR, HERB STREET ADDRESS STREET ADDRESS 1000 SW II AVE 1000 SW 11 AVE E20 CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL HALLIANDALE FL , 33009 DST TITLE Delete 🕽 TITLE Change ☐ Addition NAME AUBINE, J. CLAUDE NAME 1000 SE 11 AVENUE #E-14 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HALLANDALE FL CHTY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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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 ether like empowered.

RICHARD RAFTÉ 02-10-06-454-1614