2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 271478

FILED Jun 23, 2009 Secretary of State

Entity Name: RO-LEN LAKE GARDENS "P" CORPORATION **Current Principal Place of Business: New Principal Place of Business:** 714 SW 11TH AVENUE HALLANDALE BEACH, FL 33009 US **Current Mailing Address: New Mailing Address:** 714 SW 11TH AVENUE US HALLANDALE BEACH, FL 33009 FEI Number: 59-0966885 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: HARRELLE, PETER RA RACINE, PAUL-EMILE RA 1000 SW 10TH TERRACE 1000 SW 10TH TERRACE P-14 HALLANDALE BEACH, FL 33009 US HALLANDALE BEACH, FL 33009 US 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. SIGNATURE: PAUL-EMILE RACINE 06/23/2009 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HARRELLE, PETER P Name: Name: 1000 SW 10 TH TERRACE APT# P-12 Address: Address: City-St-Zip: HALLADALE BEACH, FL 33009 US City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: RACINE, PAUL-EMILE ST Name: CHENARD, JOELAINE ST 1000 SW 10TH TERRACE APT# P-14 1000 SW 10TH TERRACE APT# P-2 Address: Address: HALLANDALE BEACH, FL 33009 US HALLANDALE BEACH, FL 33009 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition DENIS, JEAN D Name: Name: 1000 SW 10TH TERRACE APT# P-5 Address Address: HALLANDALE BEACH, FL 33009 City-St-Zip: City-St-Zip: Title: VΡ () Delete Title: () Change () Addition DUBUC, JEAN-GUY VP Name: Name: Address: 1000 SW 10TH TERRACE APT# P-15 Address: City-St-Zip: HALLANDALE BEACH, FL 33009 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER HARELLE P 06/23/2009