

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90417 029 \*\*\*150.00

**DOCUMENT # 271480**

1. Entity Name

RO-LEN LAKE GARDENS "S" CORPORATION



Principal Place of Business

714 SOUTHWEST 11TH AVENUE  
HALLANDALE FL 33009

Mailing Address

714 SOUTHWEST 11TH AVENUE  
HALLANDALE FL 33009

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

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

DAVIS, DONNA  
900 SW 10TH TERRACE  
S-3  
HALLADALE FL 33009

7. Name and Address of New Registered Agent

Name Jacques Baril

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

S-8

City

Hallandale, FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

03/01/06

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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 DST ☒ Delete  
NAME VALLIE RES, ANDRE  
STREET ADDRESS 900 SW 10 TERR  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE D ☒ Delete  
NAME LAFLAMME, AVERELLE  
STREET ADDRESS 900 SW 10 TERR  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE D ☒ Delete  
NAME DAVIS, DONNA  
STREET ADDRESS 900 S.W. 10 TERR., #3  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE D ☒ Delete  
NAME LACOMBE, GISELE  
STREET ADDRESS 900 S.W. 10 TERR.  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE PD ☐ Delete  
NAME BOUCHARD, ANITA  
STREET ADDRESS 900 SW 10 TERR S-16  
CITY-ST-ZIP HALLANDALE FL

TITLE VPD ☐ Delete  
NAME TREMBLAY, RAYMOND  
STREET ADDRESS 900 SW 10 TERR S-9  
CITY-ST-ZIP HALLANDALE FL 33009

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ST ☐ Change ☒ Addition  
NAME FORTIN, JEAN-JACQUES  
STREET ADDRESS 900 SW 10 TERR S-21  
CITY-ST-ZIP HALLANDALE, FL, 33009

TITLE D ☐ Change ☒ Addition  
NAME BRAVALE, RACHEL  
STREET ADDRESS 900 SW 10 TERR  
CITY-ST-ZIP HALLANDALE, FL, 33009

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

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

TITLE ☐ Change ☐ Addition  
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 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 other like empowered.

SIGNATURE:

Anita Bouchard ANITA BOUCHARD 02-15-06 954-456-6041