2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 24, 2005 08:00 AM Secretary of State DOCUMENT # 342806 1. Entity Name ROLINDO CONSTRUCTION CORPORATION Principal Place of Business ... Mailing Address 2927 S W 23RD ST 6 UNITS APT BLDG MIAMI FL 33145 2927 S W 23RD ST MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-1284745 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROQUE, MANUEL Street Address (P.O. Box Number is Not Acceptable) 2927 SW 23 ST **MIAMI FL 33145** 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 1 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MILE PD MEE ☐ Change Addition Delete NAME ROQUE, MANUEL NAME U00000195453 2927 SW 23 ST STREET ADDRESS STREET ADDRESS 01/26/05-80029-003 150.00 CITY-ST-ZIP MIAMI FL CHY-SI-ZIP ☐ Delete THUE ☐ Change ☐ Addition ROQUE, JOSEFÍÑA NAME MAME 2927 SW 23 ST STREET ADDRESS STREET ADDRESS CITY ST - ZIP MIAMI FL CITY-ST-ZIP ☐ Chande Addition Delete HUE 1001 NAME ROQUE, JOSEFINA STREET ADDRESS STREET ADDRESS 2927 SW 23ST CITY-S1-ZIP CITY-ST-ZIP MIAMI FL 33145 me Delete THE Change Addition NAME MEFFEN, JEANETTE MAME 7841 SW 95TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST ZIP BILL ☐ Delete MLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE: MANUEL ROOVE IN CONCEL ROOVE 305-443-3081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.