2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 342806 1. Entity Name				Feb 01, 2006 08:00 AM Secretary of State
ROLINDO CONSTRUCTION CORPORATION				
Principal Plac	e of Business	Mailing Address		
2927 S W 23RD ST 6 UNITS APT BLDG MIAMI FL 33145 US		2927 S W 23RD ST MIAMI FL 33145	· · · ·	
2. Principal Place of Business		3. Mailing Address	<u> </u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	1-4	1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Regulred
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
ROQUE,MANUEL 2927 SW 23 ST MIAMI FL 33145			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			-	
			City	FL Zip Code
	named entity submits this statement to ions of registered agent. Signature hyped or printed name of registered agent.	· · · · · · · · · · · · · · · · · · ·	egistered office or regisl Registered Agent signature requi	tered agent, or both, in the State of Florida. If am familiar with, and acception of the state of Florida. If am familiar with, and acception of the state of Florida. If am familiar with, and acception of the state of Florida. If am familiar with, and acception of the state of Florida. If am familiar with, and acception of the state of Florida. If am familiar with, and acception of the state of Florida. If am familiar with, and acception of the state of Florida. If am familiar with, and acception of the state of Florida. If am familiar with, and acception of the state of Florida. If am familiar with, and acception of the state of Florida.
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department of			9. Election Campaign Financing \$5.00 May 5 Trust Fund Contribution Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi
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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 direction of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the exemptions of the corporation or the receiver or trustee empowered to execute this report of the exemptions of the corporation or the receiver or trustee empowered to execute this report of the exemptions of the corporation or the receiver or trustee empowered to execute this report of the exemption of the corporation of the corporation or the receiver of the corporation of the corporatio