## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 342806** 

2927 SW 23ST

MIAMI, FL 33145

MEFFEN, JEANETTE

7841 SW 95TH ST

MIAMI, FL

() Delete

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Feb 11, 2009 Secretary of State

Entity Nan	ne: ROLIND	O CONSTRUCTION COP	RPORATION					
Current Principal Place of Business:				New Principal Place of Business:				
2927 S W 2 6 UNITS AF MIAMI, FL	PT BLDG	3		2927 SW 2 6 UNITS A MIAMI, FL	PT BLDG	JS		
Current Ma	New Mailing Address:							
2927 S W 2 MIAMI, FL				2927 SW 2 MIAMI, FL				
FEI Number:	59-1284745	FEI Number Applied For (	) FEI Nur	mber Not Appl	icable ( )	Certifica	ate of Status D	esired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
	3 ST 33145 US named entity	s submits this statement fo	r the purpose c	of changing i	ts registere	ed office or i	registered ag	ent, or both,
in the State	of Florida.							
SIGNATUR								
	Electro	onic Signature of Registere	ed Agent				Date	
Election Carr	npaign Financii	ng Trust Fund Contribution (	).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PD ( ROQUE,MANU 2927 SW 23 S MIAMI, FL	•		Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	S ( ROQUE,JOSE 2927 SW 23 S MIAMI, FL	· · · · · · · · · · · · · · · · · · ·		Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition	
Title: Name:	D ( ROQUE,JOSE	) Delete FINA.		Title: Name:	D ROQUE.JO	(X) Change SEFINA,	( ) Addition	

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

2927 SW 23 ST

MIAMI, FL 33145

2927 SW 23 ST

MIAMI, FL 33145

MEFFEN, JEANETTE

(X) Change ( ) Addition

SIGNATURE: MANUEL ROQUE PD 02/11/2009