



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90176 026 ****61.25

| | | | | | |
|--|---------------------------------|--|--|--|--|
| DOCUMENT # 710039 1. Entity Name ROCAILLE CONDOMINIUM APARTMENTS, INC. | | | |  | |
| Principal Place of Business 1965 SOUTH OCEAN BLVD., #304 POMPANO BEACH, FL 33062 | | | Mailing Address USA SERVICES 6915 TAFT STREET HOLLYWOOD, FL 33024 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1160086 | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SHAPIRO, PAUL C/O USA SERVICES 6915 TAFT ST HOLLYWOOD, FL 33024 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DE SIMONE, I. ORANZO | | NAME | | |
| STREET ADDRESS | 1907 S. OCEAN BLVD #302 | | STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33062 | | CITY-ST-ZIP | | |
| TITLE | S/T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CHOVALIS, ANTHONY | | NAME | | |
| STREET ADDRESS | 1965 S. OCEAN BLVD #303 | | STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33062 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FISCARO, GIUSEPPE | | NAME | | |
| STREET ADDRESS | 1965 S. OCEAN BLVD #201 | | STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33062 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RUSSO, PIETRO | | NAME | | |
| STREET ADDRESS | 1965 SOUTH OCEAN BLVD #203 | | STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33062 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CARMELO, IANNONE | | NAME | | |
| STREET ADDRESS | 1965 SOUTH OCEAN BLVD #207 | | STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33062 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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:  Treas 4/26/08 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |