

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # F94000002790

1. Entity Name

ROLLEM CORPORATION OF AMERICA



Principal Place of Business

1650 S. LEWIS ST.
ANAHEIM, CA 92805-6413

Mailing Address

1650 S. LEWIS ST.
ANAHEIM, CA 92805-6413

DO NOT WRITE IN THIS SPACE



03012007 No Chg-P CR2E034 (11/05)

4. FEI Number

33-0614273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARULANDA, DIEGO
2142 NORTHWEST 22ND STREET
POMPANO BEACH, FL 33069

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IN THIS SPACE**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000675848
03/30/07-80036-010 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME CORWIN, LAWRENCE
STREET ADDRESS 1650 S LEWIS STREET
CITY-ST-ZIP ANAHEIM, CA 928056413

TITLE VP
NAME NIGRO, RICHARD
STREET ADDRESS 43 POLK AVE
CITY-ST-ZIP HEMPSTEAD, NY

TITLE S
NAME KELLSTROM, PAUL
STREET ADDRESS 1650 S LEWIS STREET
CITY-ST-ZIP ANAHEIM, CA 928056413

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-07 (714) 934-9130

Date

Daytime Phone #