

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L77866

1. Entity Name
ROJAC ENTERPRISES, INC.



Principal Place of Business

7800 W OAKLAND PARK BOULEVARD
BUILDING G
SUNRISE, FL 33351

Mailing Address

7800 W OAKLAND PARK BOULEVARD
BUILDING G
SUNRISE, FL 33351

FILED
06 APR 27 AM 10:59

FLORIDA STATE
TALLAHASSEE, FLORIDA



04052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1860556

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAPIERRE, REJEAN
7800 W OAKLAND PARK BOULEVARD
BUILDING G
SUNRISE, FL 33351

**DO NOT WRITE
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD JACQUES, ROGER 7800 W OAKLAND PK BLV #G SUNRISE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAPIERRE, REJEAN 7800 W OAKLAND PK BLV #G SUNRISE, FL 33331
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000074148240
05/08/06--01014--022 **300.00

**DO NOT WRITE
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

Date

Daytime Phone #

REJEAN LAPIERRE

4/26/06

954-749-8802