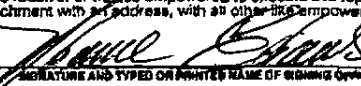


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000082878				
1. Entity Name ROVONNE ENTERPRISES, INC.				
Principal Place of Business 2582 W SARATOGA DRIVE COOPER CITY, FL 33026		Mailing Address 2701 N HIATUS ROAD #126 COOPER CITY, FL 33026		
DO NOT WRITE IN THIS SPACE				
		03262004 No Chg-P CR2E034 (10/03)		
		4. FEI Number 65-1131525	Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent EVANS, YVONNE 2582 W SARATOGA DRIVE COOPER CITY, FL 33026		DO NOT WRITE IN THIS SPACE		
6. 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 Agents signature required when releasing) DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FRAZIER, RONALD E 2125 BISCAYNE BLVD MIAMI, FL 33137			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D EVANS, YVONNE H 2582 W SARATOGA DRIVE COOPER CITY, FL 33026			
TITLE NAME STREET ADDRESS CITY- ST- ZIP				
TITLE NAME STREET ADDRESS CITY- ST- ZIP				
TITLE NAME STREET ADDRESS CITY- ST- ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 officers empowered.				
SIGNATURE: 		4-13-04 BY 296-883		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	