

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006 8:00 am
Secretary of State

05-17-2006 90014 027 ***150.00

DOCUMENT # P03000077291 1. Entity Name P D ROACH ENTERPRISE, INC.			
Principal Place of Business 300 W HALLANDALE BCH BLVD HALLANDALE, FL 33009		Mailing Address 3801 S OCEAN DRIVE #9B HOLLYWOOD, FL 33019	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 300 W HALLANDALE BCH BLVD	
City & State HALLANDALE FL		City & State HALLANDALE FL	
Zip 33009		Country US	
4. FEI Number 91-2197508		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WASHINGTON, PATRICIA R 3801 S OCEAN DRIVE #9B HOLLYWOOD, FL 33019		7. Name and Address of New Registered Agent Name WASHINGTON PATRICIA R Street Address (P.O. Box Number is Not Acceptable) 300 W HALLANDALE BCH BLVD City HALLANDALE FL Zip Code 33009	
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: <u><i>Patricia Washington</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u><i>5/13/06</i></u>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WASHINGTON, PATRICIA R 3801 S OCEAN DRIVE, #9B HOLLYWOOD, FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WASHINGTON PATRICIA R 300 W Hallandale Bch Blvd Hallandale, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Patricia Washington</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		PRESIDENT <u><i>PATRICIA WASHINGTON</i></u> DATE: <u><i>5/13/06</i></u> DAYTIME PHONE #: <u><i>456-0340</i></u>	

40092774



05122006 Chg-P CR2E034 (11/05)