2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-17-2006 90014 027 ***150.00

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DOCUMENT # P03000077291

1. Entity Name
P D ROACH ENTERPRISE, INC.

Principal Place of Business	Mailing Address
300 W HALLANDALE BCH BLVD HALLANDALE, FL 33009	~~3801 S OCEAN DRIVE~~ ~~#9B~~ ~~HOLLYWOOD, FL 33019~~

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	300 W HALLANDALE BCH BLVD Suite, Apt. #, etc.
City & State	HALLANDALE FL City & State
Zip / Country	33009 / US Zip / Country

05122006 Chg-P CR2E034 (11/05)

4. FEI Number 91-2197508 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WASHINGTON, PATRICIA R 3801 S OCEAN DRIVE #9B HOLLYWOOD, FL 33019	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: X Patricia Washington (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) X 5/13/06 DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DP ☐ Delete	TITLE	DP ☑ Change ☐ Addition
NAME	WASHINGTON, PATRICIA R	NAME	WASHINGTON PATRICIA
STREET ADDRESS	3801 S OCEAN DRIVE, #9B	STREET ADDRESS	300 W Hallandale Bch BLVD
CITY-ST-ZIP	HOLLYWOOD, FL 33019	CITY-ST-ZIP	Hallandale, FL 33009
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 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: X Patricia Washington PRESIDENT PATRICIA WASHINGTON X 5/13/06 (954) 456-0340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #