

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P25909

1. Entity Name
ROALS INCORPORATED



FILED

04 APR 30 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

%TRIZEL REAL ESTATE
250 CATALONIA AVE. #305
CORAL GABLES, FL 33134

Mailing Address

%TRIZEL REAL ESTATE
250 CATALONIA AVE. #305
CORAL GABLES, FL 33134

2. Principal Place of Business

% Holland & Knight LLP

Suite, Apt. #, etc.

701 Brickell Ave. S3000

City & State

Miami, Florida

Zip

33131

Country

USA

3. Mailing Address

% Holland & Knight LLP

Suite, Apt. #, etc.

701 Brickell Ave. S3000

City & State

Miami, FL

Zip

33131

Country

USA

04232004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2062644

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHIALASTRI, TOM
250 CATALONIA AVE., #305
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

Intrastate Registered Agent Corp.

Street Address (P.O. Box Number is Not Acceptable)

701 Brickell Ave., Suite 3000

City
Miami

FL

Zip Code
33131

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)

4/29/04

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DE SMITH, ROSA-RIVERA	
STREET ADDRESS	2100 S BAYSHORE DR	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SMITH RIVERA, ANNA G.	
STREET ADDRESS	250 CATALONIA AVE STE 305	
CITY-ST-ZIP	CORAL GABLES, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEIDWENBAUM, JACLYN C	
STREET ADDRESS	250 CATALONIA AVE STE 305	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300035552053	
STREET ADDRESS	05/06/04--01011--001	
CITY-ST-ZIP	**150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(i), 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:

Rosa R. de Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

Daytime Phone #