

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000002984

Entity Name: M.K. ROLLAND, INC.

FILED
Mar 07, 2005
Secretary of State

Current Principal Place of Business:

1559 N.E. 167TH STREET
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

1559 N.E. 167TH STREET
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 65-0741331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANNESE, SALVATORE D
632 NE 151 ST
N MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ADAN, ALBERT
Address: 991 SW 101 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP () Delete
Name: ANNESE, SALVATORE D
Address: 632 N.E. 151 STREET
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: S () Delete
Name: CARPMAN, IRVING
Address: 21533 BISCAYNE BLVD., APT. N-144
City-St-Zip: AVENTURA, FL 33108

Title: T () Delete
Name: LEVIN, MICHAEL
Address: 21399 MARINA COVE CIRCLE
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL LEVIN

T

03/07/2005

Electronic Signature of Signing Officer or Director

Date