

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000061665**

**1. Entity Name**  
**RONLON, INC.**



**Principal Place of Business**

**19612 SW 69 PLACE**  
**FORT LAUDERDALE, FL 33332 US**

**Mailing Address**

**19612 SW 69 PLACE**  
**FORT LAUDERDALE, FL 33332 US**



**04102006 No Chg-P CR2E034 (11/05)**

**4. FEI Number**  
**65-0605643**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional**  
**Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**BERGERON, LONNIE N**  
**20400 SW 51ST STREET**  
**FORT LAUDERDALE, FL 33332**

**DO NOT WRITE**  
**IN THIS SPACE**

**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 reappointing)

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.**



**\$5.00 May Be**  
**Added to Fees**

**000000542821**  
**05/10/06-80112-022 150.00**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>BERGERON, LONNIE N</b>
<b>STREET ADDRESS</b>	<b>20400 SW 51ST STREET</b>
<b>CITY-ST-ZIP</b>	<b>FORT LAUDERDALE, FL 33332</b>
<b>TITLE</b>	<b>V</b>
<b>NAME</b>	<b>BERGERON, RONALD JR.</b>
<b>STREET ADDRESS</b>	<b>19612 SW 69 PLACE</b>
<b>CITY-ST-ZIP</b>	<b>FT LAUDERDALE, FL</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE**  
**IN THIS SPACE**

**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/27/06 954-680-6180**  
**Date Daytime Phone #**