

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90423 026 \*\*\*150.00

**DOCUMENT # P99000105421**

1. Entity Name

RO-LEN MANAGEMENT CORP.



Principal Place of Business

714 SW 11TH AVE.  
HALLANDALE FL 33009-6755

Mailing Address

714 SW 11TH AVE.  
HALLANDALE FL 33009-6755

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0969509

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

MARCELLA, FRANK  
714 SW 11TH AVE.  
HALLANDALE FL 33009-6755

Name

EUFEMIA SANTOPIETRO

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

815 S.W. 10 TERRACE - V-24

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

*Eufemia Santopietro*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME LAPRADE, MARCEL ☒ Delete  
STREET ADDRESS 1000 SW 10TH TERR., APT. P-7  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE D  
NAME MARCELLA, FRANK ☒ Delete  
STREET ADDRESS 925 SOUTHWEST 11TH AVENUE #F2  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE 2VP  
NAME SANTOPIETRO, EUFEMIA ☐ Delete  
STREET ADDRESS 815 SW 10 TERRACE V-24  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE STD  
NAME LAVALLEE, RACHEL ☐ Delete  
STREET ADDRESS 900 SW 10 TERRACE S-2  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE VP  
NAME HUCKLE, RAYMOND ☐ Delete  
STREET ADDRESS 820 SW 11 AVE B-3  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE PRES.  
NAME COTE, Serge ☒ Change ☐ Addition  
STREET ADDRESS 925 S.W. 11 AVE - J-1  
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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*

*SEARLE COTE*

20060223 (954) 458-2441