

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000105421

Entity Name: RO-LEN MANAGEMENT CORP.

FILED  
Jun 23, 2009  
Secretary of State

## Current Principal Place of Business:

714 SW 11TH AVENUE  
HALLANDALE BEACH, FL 33009

## New Principal Place of Business:

## Current Mailing Address:

714 SW 11TH AVENUE  
HALLANDALE BEACH, FL 33009

## New Mailing Address:

FEI Number: 65-0969504

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARRELLE, PETER RA  
1000 SW 10TH TERRACE  
P-12  
HALLANDALE BEACH, FL 33009 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LEFEBVRE, JEAN-YVES PD  
Address: 1015 SW 11TH AVENUE K-6  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: 2VP ( ) Delete  
Name: RATTE, RICHARD 2VP  
Address: 1000 SW 11TH AVENUE E-5  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: TR ( ) Delete  
Name: OUELLET, DENIS TR  
Address: 900 SW 10TH TERRACE S-23  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VP ( ) Delete  
Name: HARRELLE, PETER VP  
Address: 1000 SW 10TH TERRACE P-12  
City-St-Zip: HALLANDALE BEACH, FL 33009

## 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 exemption stated 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 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: JEAN-YVES LEFEBVRE

P

06/23/2009

Electronic Signature of Signing Officer or Director

Date