2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT# 522351

1. EntityName
ROQUEBROS.,CORP.

PrincipalPlaceofBusiness
5646 N.W. 35TH COURT
MIAMI, FL 33142

MailingAddress
5646 N.W. 35TH COURT
MIAMI, FL 33142

01262004 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEINumber
59-1700338
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

ROQUE,ROBERTOF
5646N.W.35THCOURT
MIAMI,FL33142

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable (NOTE:RegisteredAgentsignaturerequiredwhenre Instating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	PVD
NAME	ROQUE,ROBERTOF
STREETADDRESS	5646NW35THCOURT
CITY-ST-ZIP	MIAMI,FL
TITLE	STD
NAME	ROQUE,MARINA
STREETADDRESS	5646NW35THCOURT
CITY-ST-ZIP	MIAMI,FL
TITLE	VP
NAME	ROGUE,ROBERTA
STREETADDRESS	5646NW35THCOURT
CITY-ST-ZIP	MIAMI,FL33142
TITLE	VP
NAME	ROGUE,RAUL
STREETADDRESS	5646NW35THCOURT
CITY-ST-ZIP	MIAMI,FL33142
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

U00000118870
04/19/04-80077-018 150.00

DO NOT WRITE IN THIS SPACE

12. Iherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempowered toexecutethereportasrequiredbyChapter607,FloridaStatutes;an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: _____ 04/15/04 305-634-2243
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICEROR DIRECTOR Date DaytimePhone#