

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT# 522351 1. Entity Name ROQUEBROS., CORP.	
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Principal Place of Business 5646 N.W. 35TH COURT MIAMI, FL 33142	Mailing Address 5646 N.W. 35TH COURT MIAMI, FL 33142
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DO NOT WRITE IN THIS SPACE



01262004 NoChg-P CR2E034(10/03)

4. FEIN Number 59-1700338	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROQUE, ROBERT OF
5646 N.W. 35TH COURT
MIAMI, FL 33142

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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 obligation of registered agent.

SIGNATURE _____ (NOTE: Registered Agent's signature required where _____) DATE _____
Signature, typed or printed name of registered agent and title if applicable

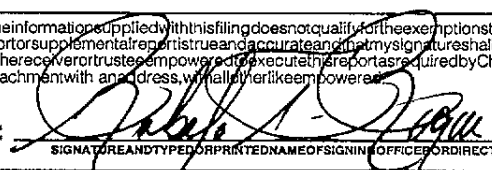
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVD ROQUE, ROBERT OF 5646 NW 35TH COURT MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ROQUE, MARINA 5646 NW 35TH COURT MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROQUE, ROBERTA 5646 NW 35TH COURT MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROQUE, RAUL 5646 NW 35TH COURT MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/19/04-80077-018 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 the 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, verbally or in like manner.

SIGNATURE:  04/15/04 305-6342243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #