

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 522351 1. Entity Name ROQUE BROS., 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



03132006 No Chg-P CR2E034 (11/05)

4. FEI 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, ROBERTO F
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 obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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
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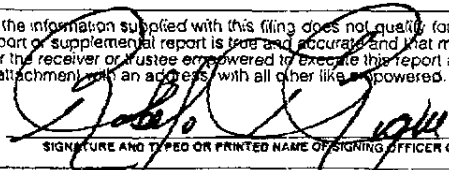
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVD ROQUE, ROBERTO F 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, ROBERT A 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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04/29/06-80067-016 150.00

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:  **04/11/06** **305-634 2243**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #