

**2005 FQR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000020856

1. Entity Name  
ROQ, INC.



Principal Place of Business  
4970 N KENDALL DR  
CORAL GABLES, FL 33156

Mailing Address  
4970 N KENDALL DR  
CORAL GABLES, FL 33156

**FILED  
Apr 27, 2005 08:00 AM  
Secretary of State**



02182005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1083842	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI  
201 S BISCAYNE BLVD, 1500 MIAMI CENTER  
MIAMI, FL 33131

**DO NOT WRITE  
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. **OFFICERS AND DIRECTORS**

0000000335397  
04/27/05-80082-021 150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ OQUENDO, TERESA 4970 N KENDALL DR CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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 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: Juan R. Oquendo April 27/05 (305) 668-9479**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321 793-4431