

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000094506

1. Entity Name
ROQUE TRUCKING, INC.



Principal Place of Business

**13221 SW 41 TERR
MIAMI, FL 33175**

Mailing Address

**13221 SW 41 TERR
MIAMI, FL 33175**

DO NOT WRITE IN THIS SPACE



03162006 No Chg-P CR2E034 (11/05)

4. FEI Number
48-1273660

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALVAREZ, SYLVIA
12934 SW 133 CT
MIAMI, FL 33186**

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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**

**U00000503023
04/26/06-80017-001 159.75**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ROQUE, ROBERTO E
STREET ADDRESS	13221 SW 41 TERR
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	DTS
NAME	ROQUE, IDA S
STREET ADDRESS	13221 SW 41 TERR
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #