2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000065627

1. Entity Name
LAW OFFICES OF SUSANA RICE ROQUE, P.A.

Principal Place of Business	Mailing Address
25 SE 2ND AVENUE	25 SE 2ND AVENUE
STE 543	STE 543
MIAMI, FL 33131	MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

04022008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
14-1886338	Not Applicable

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

6. Name and Address of Current Registered Agent

RICE ROQUE,, SUSANA
25 SE 2ND AVENUE
STE 543
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** | 9. Election Campaign Financing | **$5.00** May Be | U00000883436 |
| **After May 1, 2008 Fee will be $550.00** | Trust Fund Contribution ☐ | Added to Fees | 04/17/08-80003-021 150.00 |

10. OFFICERS AND DIRECTORS

TITLE	DPVS
NAME	RICE ROGUE, SUSANA
STREET ADDRESS	25 SE 2ND AVENUE, STE 543
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	T
NAME	RICE ROQUE,, SUSANA
STREET ADDRESS	25 SE 2ND AVE., STE 543
CITY-ST-ZIP	MIAMI, FL 33143

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ SUSANA RICE ROQUE   4-2-08 (305) 374-2117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #