

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90269 023 \*\*\*150.00

DOCUMENT # P05000096007			
1. Entity Name ROQUESO SERVICE, INC			
Principal Place of Business 9294 NW 32 CT MIAMI, FL 33147		Mailing Address 9294 NW 32 CT MIAMI, FL 33147	
2. Principal Place of Business 7105 SW 8 STREET		3. Mailing Address 7105 SW 8 STREET	
Suite, Apt. #, etc. 306		Suite, Apt. #, etc. 306	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33144	Country	Zip 33144	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROQUESO, CARLOS J 9294 NW 32 CT MIAMI, FL 33147		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROQUESO, CARLOS J 9294 NW 32 CT MIAMI, FL 33147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>CARLOS J. ROQUESO</u>		Date: <u>04.20.06</u> Daytime Phone #: <u>305 226 3443</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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04272006 Chg-P CR2E034 (11/05)

4. FEI Number 20-313185 Applied For Not Applicable

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