

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90061 040 ***150.00

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1. Entity Name

MICHAEL J. ROCQUE, P.A.



Principal Place of Business

200 SE 6TH ST
504
FT LAUDERDALE FL 33301
US

Mailing Address

200 SE 6TH ST
504
FT LAUDERDALE FL 33301
US



2. Principal Place of Business - No P.O. Box #

510 S.W. 3RD AVE

3. Mailing Address

510 S.W. 3RD AVE.

Suite, Apt. #, etc.

FT. LAUD. FL.

Suite, Apt. #, etc.

FT. LAUD. FL.

City & State

City & State

Zip
33315

Country
U.S.

Zip
33315

Country
U.S.

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0393603

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROCQUE, MICHAEL
200 SE 6TH ST
504
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name MICHAEL ROCQUE

Street Address (P.O. Box Number is Not Acceptable)

510 S.W. 3RD AVE.

City FT. LAUD.

FL

Zip Code 33315

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ROCQUE, MICHAEL J ☐ Delete
STREET ADDRESS 200 S.E. 6TH ST. #504
CITY - ST - ZIP FORT LAUDERDALE FL 33301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME 510 S.W. 3RD AVE.
STREET ADDRESS FT. LAUD. FL. 33315
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #

MICHAEL J. ROCQUE PRES 2-1-07 954-527-0743