

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT# P96000098912 1. EntityName 5640CORPORATION	
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PrincipalPlaceofBusiness 5640 NW 35 CT MIAMI, FL 33142 US	MailingAddress P.O. BOX 846 HIALEAH, FL 33011 US
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DO NOT WRITE IN THIS SPACE



01262004 NoChg-P CR2E034(10/03)

4. FEINumber 65-0717504	AppliedFor NotApplicable
5. CertificateofStatusDesired ☐	\$8.75 Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

ROQUE,ROBERTOF
5640NW35CT
HIALEAH,FL33142

**DO NOT WRITE
IN THIS SPACE**

8. Theabovenamedentitysubmits thisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept
theobligationsofregisteredagent.

SIGNATURE _____ (NOTE:RegisteredAgentssignatureisrequiredwhenever installing) DATE _____
Signature,typedorprintednameofregisteredagentanddateifapplicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. ElectionCampaignFinancing
TrustFundContribution. ☐ **\$5.00** MayBe
AddedtoFees

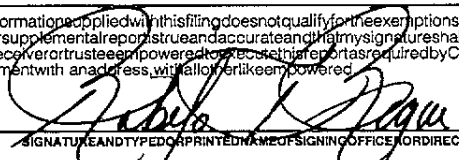
10. OFFICERSANDDIRECTORS

TITLE NAME STREETADDRESS CITY-ST-ZIP	PR ROQUE,ROBERTOF 5640NW35CT HIALEAH,FL
TITLE NAME STREETADDRESS CITY-ST-ZIP	SR ROQUE,MARINA 5640NW35THCOURT MIAMI,FL
TITLE NAME STREETADDRESS CITY-ST-ZIP	VP ROQUE,ROBERTA 5646NW35CT. MIAMI,FL33142
TITLE NAME STREETADDRESS CITY-ST-ZIP	VP ROQUE,RAUL 5646NW35CT. MIAMI,FL33142
TITLE NAME STREETADDRESS CITY-ST-ZIP	
TITLE NAME STREETADDRESS CITY-ST-ZIP	

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04/19/04-80077-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. IherebycertifythattheinformationprovidedwiththisfilingdoesnotqualifyfortheexemptionstatedinSection119.07(3)(f),FloridaStatutes.Ifurthercertifythattheinformation
indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector
ofthecorporationorthereceiverortrusteeempoweredtoexecute thisreportasrequiredbyChapter607,FloridaStatutes;and
changed,oronanattachmentwithanaddress,withalloberlikeempowered thatmynameappearsinBlock 10orBlock 11if

SIGNATURE: 
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR

04/15/04 305-634-2243
Date DaytimePhone#