2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT# P96000098912

1. EntityName
5640CORPORATION

PrincipalPlaceofBusiness	MailingAddress
5640 NW 35 CT MIAMI, FL 33142 US	P.O. BOX 846 HIALEAH, FL 33011 US

01262004 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

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. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida. Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre Installing)

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

U00000118871
04/19/04-80077-019 150.00

DO NOT WRITE IN THIS SPACE

12. Ihereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 04/15/04 305-634-2243
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#