
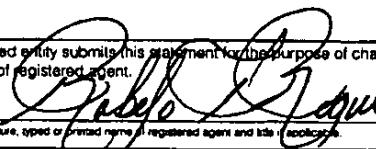
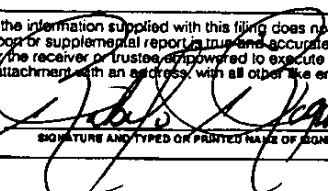


FILED
May 23, 2005 8:00 am
Secretary of State

04-26-2005 90145 029 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000098912		
1. Entity Name 5640 CORPORATION		
Principal Place of Business 5640 NW 35 CT MIAMI, FL 33142 US		Mailing Address P.O. BOX 846 HIALEAH, FL 33011 US
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent ROQUE, ROBERTO F 5640 NW 35 CT HIALEAH, FL 33142		DO NOT WRITE IN THIS SPACE
9. 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:  04/19/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR ROQUE, ROBERTO F 5640 NW 35 CT HIALEAH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR ROQUE, MARINA 5640 NW 35TH COURT MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROQUE, ROBERT A 5646 NW 35 CT. MIAMI, FL 33142	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROQUE, RAUL 5646 NW 35 CT. MIAMI, FL 33142	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby 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:  Roberto F Roque 05/19/05 305-634-2243 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		