2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000098912

1. Entity Name
5640 CORPORATION

Principal Place of Business	Mailing Address
5640 NW 35 CT MIAMI, FL 33142 US	P.O. BOX 846 HIALEAH, FL 33011 US

03132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0717504
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROQUE, ROBERTO F
5640 NW 35 CT
HIALEAH, FL 33142

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PR
NAME	ROQUE, ROBERTO F
STREET ADDRESS	5640 NW 35 CT
CITY-ST-ZIP	HIALEAH, FL
TITLE	SR
NAME	ROQUE, MARINA
STREET ADDRESS	5640 NW 35TH COURT
CITY-ST-ZIP	MIAMI, FL
TITLE	VP
NAME	ROQUE, ROBERT A
STREET ADDRESS	5646 NW 35 CT.
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	VP
NAME	ROQUE, RAUL
STREET ADDRESS	5646 NW 35 CT.
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/23/06 80035-022 150.00

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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: Roberto F Roque 04/10/06 305-634-2243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #