

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90140 036 ***150.00

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08242005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000027015 1. Entity Name ROQUE FINANCIAL SERVICES AND INVESTMENTS, INC.			
Principal Place of Business 883 NE 89 ST. MIAMI, FL 33138 US		Mailing Address 883 NE 89 ST. MIAMI, FL 33138 US	
2. Principal Place of Business 1220 N.E. 89 St. Suite, Apt. #, etc.		3. Mailing Address 1220 N.E. 89 St. Suite, Apt. #, etc.	
City & State Miami, FL Zip 33138		City & State Miami, FL Zip 33138	
Country		Country	
4. FEI Number 65-0826829		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROQUE, SERGIO JR. 883 NE 89 ST. MIAMI, FL 33138		7. Name and Address of New Registered Agent Name Rogue, Sergio JR. Street Address (P.O. Box Number is Not Acceptable) 1220 N.E. 89 St. City Miami FL Zip Code 33138	
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 X <small>Signature, typed or printed name of registered agent and not acceptable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE X	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROQUE, SERGIO JR 883 NE 89 ST. MIAMI, FL 33138	TITLE X NAME STREET ADDRESS CITY-ST-ZIP	Rogue, Sergio JR. 1220 N.E. 89 St. Miami, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: X <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 8/29/05 Daytime Phone #	