## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 26, 2005 8:00 am Secretary of State **DOCUMENT # 565262** 04-26-2005 90181 039 \*\*\*158.00 1. Entity Name THE Q.V.H. CORPORATION Principal Place of Business Mailing Address 16795 NW 86 CT 16795 NE 86 CT HIALEAH, FL 33066 US HIALEAH, FL 33016 211 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192005 CR2E034 (10/03) Cha-P Applied For 4. FEI Number City & State City & State 59-1845471 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HERNANDEZ, ROLANDO Street Address (P.O. Box Number is Not Acceptable) 16795 NW 86TH COURT HIALEAH, FL 33016 Zip Code 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE HERNANDEZ, ROLANDO NAME NAME STREET ADDRESS 16795 NW 86 CT STREET ADDRESS HIALEAH, FL 33016 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Delete IIILE ☐ Chance Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 encryptwered 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: \_

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR