

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000858

FILED
Aug 11, 2009
Secretary of State

Entity Name: QUOTA INTERNATIONAL OF CORAL GABLES, INC.

Current Principal Place of Business:

9360 SW 185 ST.
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

9360 SW 185 ST.
MIAMI, FL 33157

New Mailing Address:

FEI Number: 59-6046005 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LLAMAS, LILLIAN
9360 SW 185 ST.
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LLAMAS, LILLIAN
Address: 9360 SW 185 ST.
City-St-Zip: MIAMI, FL 33157

Title: V () Delete
Name: RODRIGUEZ, LISA
Address: 10420 SW 82 AVE.
City-St-Zip: MIAMI, FL 33156

Title: S () Delete
Name: WILLIAMS, WINDY
Address: 10420 SW 82 AVE.
City-St-Zip: MIAMI, FL 33156

Title: T () Delete
Name: WILLIAMS, LOU ANNE
Address: 7260 SW 12 ST.
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: KRESGE, HELEN
Address: 3143 VIRGINIA ST.
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: QUINONEZ, JILL
Address: 9360 SW 185 ST.
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILLIAN LLAMAS

P

08/11/2009

Electronic Signature of Signing Officer or Director

_____ Date