


**2005 FQR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000127998
1. Entity Name
ESTEVEZ QUALITY WOODWORK CORPORATION



Principal Place of Business Mailing Address
161 SW 79TH AVE. 161 SW 79TH AVE.
MIAMI, FL 33144 MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
57-1142614 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESTEVEZ, EDEL
161 SW 79TH AVE.
MIAMI, FL 33144

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IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

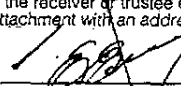
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESTEVEZ, ERNESTO 161 SW 79TH AVE. MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ESTEVEZ, ERNESTO JR. 161 SW 79TH AVE. MIAMI, FL 33144
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04/18/05-80103-020 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____