

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90081 003 \*\*\*150.00

DOCUMENT # P04000073751  
 1. Entity Name  
 BETTER QUALITY INVESTMENTS, INC.



Principal Place of Business      Mailing Address  
 7800 W 8 AVE      7800 W 8 AVE  
 HIALEAH, FL 33014      HIALEAH, FL 33014

**50035248**

2. Principal Place of Business      3. Mailing Address  
 1191 W 68st      1191 W 68 St  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



04052005    Chg-P    CR2E034 (10/03)

City & State      City & State  
 Hialeah FL      Hialeah FL  
 Zip      Zip  
 33014      33014  
 Country      Country  
 USA      USA

4. FEI Number      Applied For  
 20-1108339      Not Applicable

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

6. Name and Address of Current Registered Agent  
 ABREU, ILIANA M  
 1229 W 72 ST  
 HIALEAH, FL 33014

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      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: *[Signature]*      DATE: 4/5/05  
(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	PS	<input type="checkbox"/> Delete
NAME	ABREU, ILIANA M	
STREET ADDRESS	1229 W 72 ST	
CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*      DATE: 4/5/05      (305) 821-3151  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #