

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90164 004 \*\*\*150.00

**DOCUMENT # P96000036730**

1. Entity Name  
**QUALITY AIR CONTRACTORS INC**



Principal Place of Business  
**7925 NW 12TH ST., STE. 324  
MIAMI, FL 33126**

Mailing Address  
**7925 NW 12TH ST., STE. 324  
MIAMI, FL 33126**

2. Principal Place of Business  
**7925 NW 12TH STREET**

3. Mailing Address  
**7925 NW 12TH STREET**

Suite, Apt. #, etc.  
**SUITE 407**

Suite, Apt. #, etc.  
**SUITE 407**

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip Country  
**33126 USA**

Zip Country  
**33126 USA**

04292004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0676151**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CHAPWICK, EVELYN  
7925 NW 12TH ST., STE. 318  
MIAMI, FL 33126**

**7. Name and Address of New Registered Agent**

Name  
**EVELYN CHAPONICK**

Street Address (P.O. Box Number is Not Acceptable)  
**7925 NW 12TH STREET**

**SUITE 407**

City  
**MIAMI**

**FL**

Zip Code  
**33126**

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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  
**PST  
PRADO, SOCORRO  
7925 NW 12 STREET #318  
MIAMI, FL 33126** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CHAPOVICK, EVELYN  
7925 NW 12 STREET #318  
MIAMI, FL 33126** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPS  
CHAPOVICK, DORE  
7925 NW 12 ST., #318  
MIAMI, FL 33126** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT  
EVELYN CHAPONICK  
7925 NW 12TH STREET SUITE 407  
MIAMI, FL 33126** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPS  
DORE CHAPONICK  
7925 NW 12TH STREET SUITE 407  
MIAMI, FL 33126** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #