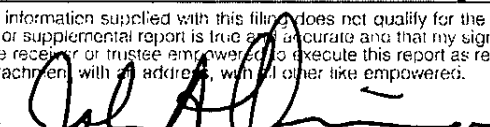


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # 445789 1. Entity Name THE Q. T., INC.					
Principal Place of Business 1987 NE 119TH RD NORTH MIAMI FL 33181			Mailing Address 1987 NE 119TH RD NORTH MIAMI FL 33181		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NO-T APPLICABLE	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUIRINO, JOHN A. 1987 NE 119 RD NORTH MIAMI FL 33181				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				9. Election Campaign Financing \$5.00 May Be Added to Fees	
SIGNATURE  (NOTE: Registered Agent signature required when submitting 6)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUIRINO, JOHN A. 1987 NE 119TH RD N. MIAMI FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000000000 04/24/09-80093-015-150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T QUIRINO, FRANK 419 LESLIE DRIVE HALLANDALE BEACH FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000000000 04/24/09-80093-015-150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP QUIRINO, JOHN PAUL 1987 NE 119 RD N. MIAMI FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000000000 04/24/09-80093-015-150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000000000 04/24/09-80093-015-150.00		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000000000 04/24/09-80093-015-150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000000000 04/24/09-80093-015-150.00		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000000000 04/24/09-80093-015-150.00	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: X 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					