

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
Jun 26, 2007 08:00 AM
Secretary of State

DOCUMENT # A99000001973

1. Entity Name
SAN MIGUEL INVESTMENTS, LTD.



Principal Place of Business
**3157 S.W. 111TH AVENUE
MIAMI, FL 33165**

Mailing Address
**P.O. BOX 65-1097
MIAMI, FL 33265**



06092007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0302813

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**REVUELTA, JOSE M
3157 S.W. 111TH AVENUE
MIAMI, FL 33165**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **696874**
NAME **QUALITY INSURANCE SERVICE INC.**
STREET ADDRESS **3157 S.W. 111TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 33165**

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06/26/07-80004-014 509.75

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Jose M. Revuelta, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **6-30-07** Daytime Phone # **305-225-9225**

JOSE M. REVUELTA, PRES. Quality Insurance Services, Inc

STAPLE CHECK HERE