2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUMENT # F21134 1. Entity Name						Apr 13, 2005 08 Secretary of S			08:0		M
LAUDERD	DALE QU	ALITY PRODUCTS	s, INC.				/	Secretary	oi Sta	ne	
Principal Place of Business			Mailing Address			* 		·			
1150 N. MCNAB ROAD FT. LAUDERDALE FL 33309			1150 N. MCNAB ROAD FT. LAUDERDALE FL 33309								
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2. Principal Place of Business			3. Mailing Address			·	-				
Suite, Apt. #, etc			Suite, Apt #, etc.				15	st MOORE CR2	2E034 (10	1/04)	
City & State			City & State				4. FEI Number 59-2076614 Applied For Not Applied				
Zip					Coun	5. Certificate of s			Fee	75 Add Required	itional I
6. Name and Address of Current Registered Agent						Name	7. Name an	d Address of New Regis	tered Age	<u> </u>	
390	BOWICH, 0 GALT (LAUDERI					Street Address (P.O. Box Number is Not Acceptable)					
						City	· · · · · · · · · · · · · · · · · · ·		FL	Zip Code	3
	named entit tions of regist		or the purpose	e of changing its	register	ed office or registe	ered agent, or b	oth, in the State of Florida	. I am fami	liar with,	and acce;
SIGNATURE.	Signature, typed	or printed name of registered ager	it and little if applica	ble (NOT	E Registere	d Agent signelure reğum	ed when retristating)	······································	DATE	.	
After	May 1, 200	!! FEE IS \$150.00 05 Fee Will Be \$550.0 o Florida Department						9. Election Campaign Trust Fund Contribu			OO May P
10.		OFFICERS ANI	DIRECTORS	;	11.		AD <u>DITIONS</u>	TO OFFICER	RS AND DIE	ECTORS	JN 11
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City-St-ZiP		RDALE FL				'+ST-71P	<u></u>	<u> </u>]
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12. I hereby of indicated of the cor-	certify that the	e information supplied wi	th this filing do	es not qualify for curate and that recute this report	r the exempt signation	mption stated in State in Stat	Section 119,07(3 e same legal effe 17. Florida Statut)(i), Florida Statutes. I furt ect as if made under oath; tes: and that my name an	her certify that i am a	hat the in n officer	iformation or direction
12. I hereby certify that the information supplied with this filling 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 teport 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 direct of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: 4/8/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #											