

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90018 047 \*\*\*150.00

DOCUMENT # H27871

1. Entity Name  
QUINTANA AND ASSOCIATES, INC.



Principal Place of Business Mailing Address  
~~1704 NORTH ROOSEVELT BLVD.~~ ~~1704 NORTH ROOSEVELT BLVD.~~  
~~KEY WEST, FL 33040~~ ~~KEY WEST, FL 33040~~

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
3710 N. ROOSEVELT BLVD 3710 N. ROOSEVELT BLVD  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
KEY WEST, FL. KEY WEST, FL.  
Zip Country Zip Country  
33040 33040

01242007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2460316 Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

QUINTANA, LOU ANN A.  
~~1704 N. ROOSEVELT BLVD.~~  
~~KEY WEST, FL 33040~~

## 7. Name and Address of New Registered Agent

Name QUINTANA, LOU ANN  
Street Address (P.O. Box Number is Not Acceptable)  
3710 N. ROOSEVELT BLVD  
City KEY WEST FL Zip Code 33040

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	QUINTANA, JOSE J.	
STREET ADDRESS	<del>2474 S.W. 139 COURT</del>	
CITY-ST-ZIP	<del>MIAMI, FL</del>	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	QUINTANA, LOU ANN A.	
STREET ADDRESS	<del>2474 S.W. 139 COURT</del>	
CITY-ST-ZIP	<del>MIAMI, FL</del>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<u>3710 N. ROOSEVELT BLVD</u>	
CITY-ST-ZIP	<u>KEY WEST, FL. 33040</u>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<u>3710 N. ROOSEVELT BLVD</u>	
CITY-ST-ZIP	<u>KEY WEST, FL. 33040</u>	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joe Quintana  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/07 305-294-6261  
Date Daytime Phone #