

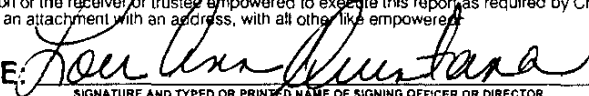


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90013 033 ***150.00

DOCUMENT # H27871 1. Entity Name QUINTANA AND ASSOCIATES, INC.					
Principal Place of Business 3710 N. ROOSEVELT BLVD. KEY WEST, FL 33040			Mailing Address 3710 N. ROOSEVELT BLVD. KEY WEST, FL 33040		
2. Principal Place of Business - No P.O. Box # 1704 N. ROOSEVELT BLVD Suite, Apt. #, etc.		3. Mailing Address 1704 N. ROOSEVELT BLVD Suite, Apt. #, etc.			
City & State KEY WEST, FL		City & State KEY WEST, FL		4. FEI Number 59-2460316	
Zip 33040		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUINTANA, LOU ANN A. 3710 N. ROOSEVELT BLVD. KEY WEST, FL 33040				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINTANA, JOSE J. 3710 N. ROOSEVELT BLVD. KEY WEST, FL 33040 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1704 N. ROOSEVELT BLVD. KEY WEST, FL. 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD QUINTANA, LOU ANN A. 3710 N. ROOSEVELT BLVD. KEY WEST, FL 33040 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1704 N. ROOSEVELT BLVD. KEY WEST, FL. 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VICE PRESIDENT ALEXIS QUINTANA 3710 N. ROOSEVELT BLVD KEY WEST, FL. 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 if changed, or on an attachment with an address, with all other like empowerment.					
SIGNATURE: 			2/28/08 305-294-6261 Date Daytime Phone #		