

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90272 045 \*\*\*150.00

**DOCUMENT # J85487**

1. Entity Name

QUIXOTIC VENTURES, INC.



Principal Place of Business

2621 SW. 24TH STREET  
MIAMI FL 33145

Mailing Address

2621 SW. 24TH STREET  
MIAMI FL 33145



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/05)

Zip

Country

Zip

Country

4. FEI Number

65-0004757

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARLSON, ALEX E.  
145 CURTISS PKWY  
MIAMI SPRINGS FL 33166

7. Name and Address of New Registered Agent

Name  
**LINDA H CARLSON, ESQ**  
Street Address (P.O. Box Number is Not Acceptable)  
**145 CURTISS PKY**  
City  
**MIAMI SPRINGS FL** Zip Code  
**33166**

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

*Linda H Carlson*

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

(NOTE: Registered Agent signature required when reinstating)

**4-25-05**

DATE

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | P                    | <input type="checkbox"/> Delete |
| NAME           | PEREZ-RAMON, IGNACIO |                                 |
| STREET ADDRESS | 2621 SW 24TH STREET  |                                 |
| CITY-ST-ZIP    | MIAMI FL 33145       |                                 |
| TITLE          | VAS                  | <input type="checkbox"/> Delete |
| NAME           | DIAZ, POMPEYO        |                                 |
| STREET ADDRESS | 2621 SW 24TH STREET  |                                 |
| CITY-ST-ZIP    | MIAMI FL 33145       |                                 |
| TITLE          | S                    | <input type="checkbox"/> Delete |
| NAME           | BERNAT-MARTIN, LINA  |                                 |
| STREET ADDRESS | 2621 SW 24TH STREET  |                                 |
| CITY-ST-ZIP    | MIAMI FL 33145       |                                 |
| TITLE          | T                    | <input type="checkbox"/> Delete |
| NAME           | PRREZ, IGNACIO JR.   |                                 |
| STREET ADDRESS | 2621 SW 24TH STREET  |                                 |
| CITY-ST-ZIP    | MIAMI FL 33145       |                                 |
| 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 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    |   |
| 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 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:

*Pompeyo Diaz VAS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/15/06**  
Date

Daytime Phone #