2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
04 JUL -1 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000013214

1. Entity Name
AMERICAN QUALITY OF FLORIDA, L.L.C.

S04131900513
04/30/04 90068 001 $50.00

Principal Place of Business	Mailing Address
9365 NW 101 ST MEDLEY, FL 33174	9365 NW 101 ST MEDLEY, FL 33174

08302004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
9365 NW 101 ST		9365 NW 101 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MEDLEY, FL		City & State: MEDLEY, FL	
Zip: 33178	Country	Zip: 33178	Country

4. FEI Number: 03-0516452 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ABASCAL, FRANCISCO
9365 NW 101 ST
MEDLEY, FL 33178

7. Name and Address of New Registered Agent

Name: ALTAMIRANO, MAURICIO
Street Address (P.O. Box Number is Not Acceptable): 9365 NW 101 ST
City: MEDLEY FL Zip Code 33178

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

Filing Fee is $50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALAZON, JULIAN 9365 NW 101 ST MEDLEY, FL 33174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #