

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000014365

Entity Name: MAQCC, LLC

**FILED**  
**Jan 06, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

P.O. BOX 831122  
MIAMI, FL 33283

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 831122  
MIAMI, FL 33283

**New Mailing Address:**

FEI Number: 75-3145590

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

QUINONES, MIGUEL  
4500 N.W. 14 AVENUE  
MIAMI, FL 33178 US

**Name and Address of New Registered Agent:**

QUINONES, MIGUEL  
4500 N.W. 114 AVENUE  
MIAMI, FL 33178 US

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.

SIGNATURE: MIGUEL QUINONES

01/06/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: QUINONES, MIGUEL  
Address: 4500 N.W. 14 AVENUE  
City-St-Zip: MIAMI, FL 33178

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: QUINONES, MIGUEL  
Address: 4500 N.W. 114 AVENUE  
City-St-Zip: MIAMI, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MIGUEL QUINONES

MGRM

01/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date