

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

T. Roberts MAY 09 2005

DOCUMENT # L04000042560

1. Entity Name  
Q&M GROUP LLC



FILED  
05 MAY -2 AM 8:04  
SECRET  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3098-10 FULLER STREET  
MIAMI, FL 33133

Mailing Address  
3098-10 FULLER STREET  
MIAMI, FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202005 Chg-LLC CR2E083 (10/03)

4. FEI Number

30-0261067

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MONAGAS, FRANCISCO  
3098-10 FULLER STREET  
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 May 1, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete  
NAME QUISADA, PEDRO  
STREET ADDRESS 3098-10 FULLER STREET  
CITY-ST-ZIP MIAMI, FL 33133

TITLE MGR ☐ Delete  
NAME QUISADA, BASILISO  
STREET ADDRESS 3098-10 FULLER STREET  
CITY-ST-ZIP MIAMI, FL 33133

TITLE MGR ☐ Delete  
NAME MONAGAS, FRANCISCO  
STREET ADDRESS 3098-10 FULLER STREET  
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000054341700  
CITY-ST-ZIP 05/12/05--01075--002 \*\*300.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

PRESIDENT

4/11/05

305-592-0592

Date

Daytime Phone #