


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90033 005 ***150.00

DOCUMENT # L52203	
1. Entity Name FLORIDA QUALIFIED PROPERTY MANAGEMENT INC.	

Principal Place of Business 11863 WIMBLEDON CIR #414 WELLINGTON FL 33414 US	Mailing Address 11863 WIMBLEDON CIR #414 WELLINGTON FL 33414 US
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2. Principal Place of Business 9298 Nugent Trail	3. Mailing Address 9298 Nugent Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State West Palm Beach, FL	City & State West Palm Bch, FL
Zip 33411	Zip 33411
Country Palm Bch	Country Palm Bch

4. FEI Number 65-0174762	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ARMENTO, JOAN 15480 EMMELMAN ROAD WELLINGTON FL 33414	
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 Joan Armento Joan Armento 3/24/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARMENTO, JOAN		NAME Armento, Joan	
STREET ADDRESS 11863 WIMBLEDON CIR #414		STREET ADDRESS 9298 Nugent Trail	
CITY-ST-ZIP WELLINGTON FL 33414		CITY-ST-ZIP West Palm Bch, FL 33411	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARMENTO, ROCKY		NAME Armento, Rocky	
STREET ADDRESS 11863 WIMBLEDON CIR #414		STREET ADDRESS 9298 Nugent Trail	
CITY-ST-ZIP WELLINGTON FL 33414		CITY-ST-ZIP West Palm Bch FL 33411	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Joan Armento Joan Armento 3/24/06 561-798-8978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #