## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED May 04, 2005 8:00 am Secretary of State

1. Entity Name QUINTANA & ASSOCIATES OF MIAMI, INC.					05-04-2005 90105 003 ***150.00					
Principal Place of Business		Mailing Address			12018940					
-5228 W. FLAGLER ST		5228 W. FLAGLER ST. MIAMI, FL 33134								
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5200	lace of Business OSW PST	3. Mailing Address 52005 W. PST.								
Suite, Apt. #, etc. SUITO #250		Suite, Apt. #, etc. 5 U 175 #250			04252005	Chg-P	CR2E03	34 (10/03)		
CONAL GABLES, FL.		City & State CABLES, FC.		~Z.	4. FEI Numbe 59-254			No	plied For t Applicable	
33/3	Country Country	33334	Country 115A		5. Certificate	of Status Desired		8.75 Add ee Required		
	6. Name and Address of Current I	Registered Agent	.,		7. Name and	Address of New R	egistered A	gent		
QUINTANA	A, JOSE J.	Name	Name							
2171 S.W. 139TH CT. MIAMI, FL 33175				Street Address (P.O. Box Number is Not Acceptable)						
			City					Zip Code	• · · · · · · · · · · · ·	
6. 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										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										
10. TITLE	PSD OFFICERS AND I	DIRECTORS  Delete	11.	<del></del>	ADDITIONS/	CHANGES TO OFFI		DIRECTORS Change	S IN 11	
NAME	QUINTANA, JOSE J.			ير سن		(1/2) A	<i>T</i> .	<b>A</b> COURTED	LLI Addition	
STREET ADDRESS				10	SAM!	W 1220 FL. 33 1 1220 1, FL.	162			
TITLE	T	☐ Delete	TITLE		<i>;</i>	<i>PC</i> . 53	773	Change	Addition	
NAME STREET ADDRESS	QUINTANA, LOUANN 2171-3W 139TH COURT		NAME STREET ADDRESS	42	3150	11220	ナ	~		
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NAME OTDEET ADDOCCO			NAME					•		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						İ	
12. I hereby certify that the information supplied with this filling 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 or supplemental report is true and accurate and that my agnature 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 at lequired 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: x504 line leventana 4/26/05 305-446-506										
SIGNATURE AND TYPED OR PRINTED IAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #										