## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2008 08:00 AN Secretary of State

ANNUAL KEPOKI				Secretary of St		
DOCU 1. Entity Nam	MENT # M44889				secretary of St	
QUALITY	WATER FILTERS, INC.					
•	ce of Business	Mailing Address				
7969 W. 34 Hialeah, Fl		POST OFFICE BOX 2697 HIALEAH, FL 33012 US		\$ 100 100 PH FILES BI		ê); 8101) B(G() B(G() B(G); B(B); B(B); #1 2281
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Г	O NOT WRITE	CF		o Chg-P	CR2E034 (11/05)	
DO NOT WATE IN THIS STA			OL .	4. FEI Number 59-2760803	3	Applied For Not Applicable
				5. Certificate of Sta	tus Desired	□ \$8.75 Additional Fee Required
	6. Name and Address of Current Reg	istered Agent	<u> </u>			
ORDONEZ, DAVID 7969 W. 34TH LANE				DO NO	OT WE	RITE
HIALEAH,	FL 33016			IN TH	IS SPA	ACE
				, is	S. Spitter	
	named entity submits this statement for the	purpose of changing its register	ed office or register	ed agent, or both, in the	ne State of Floric	a. I am familiar with, and accept
SIGNATURE_				****		
	Signature, typed or printed name of registered agent and (	lle if applicable (NO1E Registers	ed Agent signature required	when reinstaling)		DATE
FILE NOWILL FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			++.	00 May Be ad to Fees		
TITLE	OFFICERS AND DIR	ECTORS			al grading	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NAME	ORDONEZ, DAVID			· · · · · ·	Hoonoo	044061
STREET ADDRESS CITY-ST-ZIP	7969 W. 34TH LANE HIALEAH, FL			Q	15/29/08-	80084-021 150.00
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12. Thereby certify that the information supplied with this fing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is truefand 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 employed 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4, 2509

3058213171

Daylime Phone