2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State
05-17-2005 90015 026 ***150.00

DOCUMENT # P00000047429

1. Entity Name
QUALITY PAINTING ENTERPRISES, CORP.

Principal Place of Business	Mailing Address
6425 S.W. 116 PL. UNIT C-16 MIAMI, FL 33173	6425 S.W. 116 PL. UNIT C-16 MIAMI, FL 33173

03302005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2160 Sweetgum Ave		2160 Sweetgum Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Pembroke Pines. FL		City & State: Pembroke Pines. FL	
Zip: 33026	Country: USA	Zip: 33026	Country: USA

4. FEI Number: 65-1007155 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORTES, ANGEL 6425 S.W. 116 PL. UNIT C-16 MIAMI, FL 33173	Name: Same as previous Street Address (P.O. Box Number is Not Acceptable): 2160 Sweetgum Ave City: Pembroke Pines FL Zip Code: 33026

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: Angel L Cortes ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORTES, ANGEL L 6425 S.W. 116 PL. UNIT C-16 MIAMI, FL 33173	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: Angel L Cortes — 3/30/05 — 786 286 3699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #