

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000078336

1. Entity Name
J.Q. PRODUCTIONS, INC.



Principal Place of Business
1450 BRICKELL BAY DR,
#1012
MIAMI, FL 33131 US

Mailing Address
1450 BRICKELL BAY DRIVE
#1012
MIAMI, FL 33131



02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1033820	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

QUINTERO, ALFONSO
1450 BRICKELL BAY DR
1012
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000827620
02/21/08-80098-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	QUINTERO, ALFONSO
STREET ADDRESS	1450 BRICKELL BAY DR #1012
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/08/08