## **2008 FOR PROFIT CORPORATION**

**FILED** 

ANNUAL REPORT			Apr 14, 2008 08:00
1. Entity Nam M.Q.A., C	MENT # P0000086650  DECORP.  Decorporation of Business Address Mailing Address		Secretary of Stat
1527 NORTI	H 58TH AVENUE		
DO NOT WRITE IN THIS SPACE			04112008 No Chg-P CR2E034 (11/05)  4. FEI Number
			5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent QUISPE, MOISES 1527 NORTH 58TH AVENUE HOLLYWOOD, FL 33021			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  (NOTE Registered Agent signature required when reinstating)  DATE  9. 'Election Campaign Financing  \$5.00 May Be			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  D: QUISPE, MOISES 1527 NORTH 58TH AVENUE HOLLYWOOD, FL 33021	Add	U00000894686 04/24/08-80038-011 158.75
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	negative a width		n e e e e e e e e e e e e e e e e e e e
NAME STREET ADDRESS CITY-ST-ZIP			_
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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under outh; 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 attack ment with an address, with all otherwise empowered.			