2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000098205

1. Entity Name

SIGNATURE:

L & A QUALITY PRODUCTS, INC.



FILED Mar 13, 2006 8:00 am Secretary of State 03-13-2006 90081 043 ***150.00

				%	ONE	
Principal Plac	e of Business	"	Mailing Address	· · · · · ·		
2181 N.W. 10TH AVENUE			2181 N.W. 10TH AVE	NUE		
MIAMI FL 33127			MIAMI FL 33127			
2. Principal Place of Business			3. Mailing Address	3. Mailing Address		1
Suite, Apt. #, etc.			Suite Ant # etc	Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Obito, 7 (bit ii) dies	ound, Apr. 11, etc.		1st MOORE CR2E034 (10/05)
City & State			City & State	City & State		4. FEI Number 65-1048063 Applied For Not Applicable
Zip	Zip Country		Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name	and Address of Curr	rent Registered Agent			7. Name and Address of New Registered Agent
Name A						LLBEIT MUNIZ.
	DEROS, RA 4 N.W. 4T	ALPA H TERRACE		Stree	t Address ((P.O. Box Number is Not Acceptable)
	MI FL 331				-\	-S (1) (1) C-
						-3.W. 416 ST
City MiA						
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 amitamiliar with, and accept the obligations of registered agent.						
(ILLX AUBERT, MUN; 2 3/28/01						
SIGNATURE Signature, typed or puring dyenselved agent and luje it applicable (NOTE: Registored Agent signature required when constating) DATE						
FILE NOW!!! FEE IS \$150.00						
After May 1, 2006 Fee Will Be \$550.00						
Make Check Payable to Florida Department of State						
10.	PD	OFFICERS A	AND DIRECTORS	11.	TPD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	MUNIZ, ALI	BERT	☐ Delete	TITLE NAME		
STREET ADDRESS		46TH STREET		STREET ADDRE	ss 21	UNIZ, ALBERT. SI-NW. 10 SHAVE
CITY-ST-ZIP	MIAMI FL 3	3185		CITY-ST-ZIP	~	Miami, Fc. 33125
TITLE	STD		Delete	TITLE	ार	7
NAME	GUERRA, O		·	NAME STREET ADDRE	البين ا	ERRA, 4 ESUS 181-N-W-105+AUE.
STREET ADDRESS CITY-ST-ZIP		T 47TH COURT CH FL 33140		CITY-ST-ZIP	33 N	11 Ami, FC 33127
TITLE		377 2 33743	□ Delete	TITLE		☐ Change ☐ Addition
NAME				_ NAME		
STREET ADDRESS				STREET ADDRE	SS	
CITY-ST-ZIP				CITY-ST-ZIP	- -	
TITLE NAME			☐ Delete	TITLE	ŀ	☐ Change ☐ Addition .
STREET ADDRESS				STREET ADDRE	ss	
CITY-ST-ZIP	1			CITY-ST-ZIP		
TITLE			☐ Delete	TITLE		☐ Change ☐ Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRE	SS	
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE NAME			☐ Delete	TITLE NAME		Change Addition
STREET ADDRESS				STREET ADDRE	ss	
CITY-ST-ZIP				CITY-SI-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is the 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 emedwared 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 adofess, with all-either like empowered.						