

May
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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000031707

1. Entity Name
QUINTANA INC.



Principal Place of Business
13342 SW 6 STREET
MIAMI, FL 33184

Mailing Address
13342 SW 6 STREET
MIAMI, FL 33184



04292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2324107

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

QUINTANA, MIGUEL
13342 SW 6 STREET
MIAMI, FL 33184

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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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

100000558153
05/17/06-80083-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	QUINTANA, MIGUEL
STREET ADDRESS	13342 SW 6 STREET
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	STD
NAME	QUINTANA, SORAYA
STREET ADDRESS	13342 SW 6 STREET
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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 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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-2006 786 303 3203