2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 06, 2004 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State			
DOCUMENT # P01000045026 1. Entity Name HIGH QUALITY BUSINESS, INC.					05-06-2004 90172 039 ***150.00			
Principal Place of Business 8119 NW 68 ST. WIAMI, FL 33166 Mailing Address 8119 NW 68 ST. MIAMI, FL 33166				(111111)	20 5 You 21 20 1	BIN BBIN BIBDI BIN BBNB HBIB B	41 88 4 41 (88 1)	
2. Principal Place of Business 11957 SW 110 St. Circle So. 11957 SW 110 St			St. Circ	cle \$0.				
Suite, Apt. #, etc. Suite, Apt. #, etc.				01312004	Chg-P	CR2E034 (10/03)		
City & State Miami, F1 City & State Miami, F1			4. FEI Number 65-1099343			No	oplied For ot Applicable	
Zip -33186—	Country USA	Zip 33186	Country _USA		e of Status Desired	S8.75 Add		
	6. Name and Address of Current R	legistered Agent		7. Name and	d Address of New	Registered Agent		
KAUFFMANN, IVAN A 8140-NW 60-82T- Street Addres				ddress (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
MI/MI; PL-33408-			City	1957 SW 100 St. Circle South Sity Miami FL 33186				
				<u>Miami</u>				
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. Ivan Kauffmann, Pres. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
				\$5.00 May Be Added to Fees				
10.	OFFICERS AND D	DIRECTORS	11,	ADDITIONS	/CHANGES TO OF	FICERS AND DIRECTOR	S IN 11	
TITLE	DPT	☐ Delete	TITLE			🔼 Change	Addition	
NAME	KAUFFMANN, IVAN NAME			11055 80 110 80 81 11 8 11				
STREET ADDRESS	12213-0W-109 LANE - STRE		STREET ADDRESS		11957 SW 110 St. Circle South			
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	Miami, Fl	33186			
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NAME			NAME					
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TITLE NAME		Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
	certify that the information supplied with	this filing does not qualify for t	I	Led in Section 119.07/3	Yi) Florida Statutes	S. I further certify that the i	niormatico	
indicated	on this report or supplemental report is	true and accurate and that my	signature shall h	ave the same legal effe	ct as if made unde	r oath; that I am an office	or director	