

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90015 005 \*\*\*150.00

**DOCUMENT # P02000022177**

1. Entity Name  
**HIGH QUALITY STEEMER INC**



Principal Place of Business

**220 N.W. 57TH COURT  
MIAMI, FL 33126**

Mailing Address

**220 N.W. 57TH COURT  
MIAMI, FL 33126**

**54026446**



03142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FE# Number <b>01-0613181</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**DIAZ, BIENVENIDO C  
220 N.W. 57TH COURT  
MIAMI, FL 33126**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DIAZ, BIENVENIDO C
STREET ADDRESS	220 N.W. 57TH COURT
CITY-ST-ZIP	MIAMI, FL 33126

TITLE	VD
NAME	DIAZ, JAVIER
STREET ADDRESS	220 N.W. 57TH COURT
CITY-ST-ZIP	MIAMI, FL 33126

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 exemption stated in Section 119.07(3)(i), 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 empowered.

SIGNATURE: *Bienvenido C. Diaz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-004  
Date

Daytime Phone #