

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000040491

1. Entity Name
QPS VIDEO DUPLICATION, INC.



Principal Place of Business

**5625 NW 84 AVENUE
MIAMI, FL 33166**

Mailing Address

**5625 NW 84 AVENUE
MIAMI, FL 33166**



05192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3644070

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RAMOS, LOURDES M
13850 SW 62 STREET
102
MIAMI, FL 33183**

**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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KUAN, OSCAR R
STREET ADDRESS	5406 NW 199 RD
CITY-ST-ZIP	MIAMI, FL 33055
TITLE	V
NAME	RAMOS, LOURDES M
STREET ADDRESS	13850 SW 62 STREET, #102
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	SH
NAME	KUAN, OSCAR R
STREET ADDRESS	5406 NW 199 RD
CITY-ST-ZIP	MIAMI, FL 33055
TITLE	SH
NAME	RAMOS, LAURDES M
STREET ADDRESS	13850 SW 62 STREET #102
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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05/23/05-80007-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Louder Ramos Lourdes Ramos 5-19-05 305-436-6652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #