FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 05, 2005 8:00 am
Secretary of State
04-11-2005 90158 001 ***150.00

DOCUMENT # P02000062365

1. Entity Name
G.C Quality Group, Inc.

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66015910
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5917 N Habana ave	5917 N Habana ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Tampa, FL.	Tampa, FL
Zip 33614 Country USA	Zip 33614 Country USA

4. FEI Number 46-0486606 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Luis O. Gomez
Street Address (P.O. Box Number is Not Acceptable): 5917 N Habana ave.
City: Tampa FL Zip Code: 33614

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: Luis O. Gomez Vice-President 4/6/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President - Secretary Isabel Carmendia 5508 S 36th ave Tampa, FL 33614
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President / Treasurer 5917 N Habana ave Tampa, FL, 33614 Luis O. Gomez
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Luis O. Gomez 4/6/05 (813) 477-4905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #