

**2008 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000111351**

1. Entity Name  
**QUALITY FLORIDA MORTGAGE, INC.**



Principal Place of Business  
**5448 HOFFNER AVENUE  
107  
ORLANDO, FL 32812**

Mailing Address  
**3916 INTERSTATE 30  
MESQUITE, TX 75150 US**



04302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-2309375</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**QUINTERO, NORMAN A SR  
5448 HOFFNER AVENUE  
107  
ORLANDO, FL 32812**

**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

*Norman Quintero* *4/30/08*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U00000942234  
05/29/08-80012-007 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	QUINTERO, NORMAN A
STREET ADDRESS	5448 HOFFNER AVENUE, STE 107
CITY-ST-ZIP	ORLANDO, FL 32812

TITLE	VP
NAME	QUINTERO, MIRIAM C
STREET ADDRESS	5448 HOFFNER AV STE 107
CITY-ST-ZIP	ORLANDO, FL 32812

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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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 empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/08* *407 399 2213*