2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90464 028 ***150.00

DOCUMENT # P03000011497

1. Entity Name
HIGH QUALITY PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
3501 W VINE STREET STE 337 KISSIMMEE, FL 34741	3501 W VINE STREET STE 337 KISSIMMEE, FL 34741

04222004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3501 W. VINE STREET	3501 W. VINE STREET
Suite, Apt. #, etc. SUITE 327	Suite, Apt. #, etc. SUITE 327
City & State KISSIMMEE, FLORIDA	City & State KISSIMMEE, FLORIDA
Zip 34741 Country	Zip 34741 Country

4. FEI Number 43-1999617 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DE PAZOS, ADRIANA 2308 ENFIELD COURT ORLANDO, FL 32837	Name MARIA E. PERCASTEGUI Street Address (P.O. Box Number is Not Acceptable) 3501 W. VINE ST. SUITE 327 City KISSIMMEE FL Zip Code 34741

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 ______ 04-22-04
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PERCASTEGUI, MARIA E 5925 BENT PINE DR #604 ORLANDO, FL 32822 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: MARIA E. PERCASTEGUI 04-22-04 407-933-1974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #