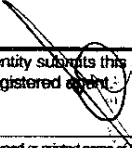


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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 3501 W VINE STREET STE 337 KISSIMMEE, FL 34741		Mailing Address 3501 W VINE STREET STE 337 KISSIMMEE, FL 34741	
2. Principal Place of Business 3501 W. VINE STREET		3. Mailing Address 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
6. Name and Address of Current Registered Agent DE PAZOS, ADRIANA 2308 ENFIELD COURT ORLANDO, FL 32837		7. Name and Address of New Registered Agent 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 		DATE 04-22-04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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 #804 ORLANDO, FL 32822 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 registered 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		DATE: 04-22-04 DAYTIME PHONE: 407-933-1974	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



04222004 Chg-P CR2E034 (10/03)

4. FEI Number **43-1999617** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required