

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 26, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P03000011497**

**1. Entity Name  
HIGH QUALITY PROPERTY MANAGEMENT, INC.**



**Principal Place of Business  
3501 W. VINE STREET,  
SUITE # 120  
KISSIMMEE, FL 34741**

**Mailing Address  
3501 W. VINE STREET  
SUITE # 120  
KISSIMMEE, FL 34741**



04252006 No Chg-P CR2E034 (11/05)

**4. FEI Number  
42-1999617**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

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

**PERCASTEGUI, MARIA E  
3501 W. VINE STREET  
SUITE # 120  
KISSIMMEE, FL 34741**

**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  
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.**



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

**11010004537574  
05/09/06-80025-010 150.00**

**10. OFFICERS AND DIRECTORS**

**TITLE PD  
NAME PERCASTEGUI, MARIA E  
STREET ADDRESS 5925 BENT PINE DR # 623  
CITY-ST-ZIP ORLANDO, FL 32822**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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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: MARIA E. PERCASTEGUI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-25-06**

Date

**407 935 1093**

Daytime Phone #