


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 23 2004 16:20:00 90092 015 ***150.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P 03000031142			
1. Entity Name QUALITY CARTAGE, INC. <i>Quality Oil Change & Lube Service Inc</i>		Principal Place of Business Mailing Address	
2. Principal Place of Business 10132 NW 126 TR Suite, Apt. #, etc.		3. Mailing Address 10132 NW 126 TR Suite, Apt. #, etc.	
City & State Hialeah FL		City & State Hialeah FL	
Zip 33018 Country USA		Zip 33018 Country USA	
4. FEI Number 76-0728103		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01062004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name ERASMO PEREZ	
		Street Address (P.O. Box Number is Not Acceptable)	
		10132 NW 126 TR	
		City Hialeah FL Zip Code 33018	
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 <i>E.P.</i>		DATE 04-12-2004	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P ERASMO PEREZ 10132 NW 126 TR Hialeah FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>E.P.</i>		Date 04-12-2004 (786) 554-0209	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	