

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90056 046 ***150.00

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1. Entity Name
QUALITY AIRCRAFT INTERIOR INC.



Principal Place of Business

**9365 NW 101 ST
MEDLEY, FL 33178**

Mailing Address

**9365 NW 101 ST
MEDLEY, FL 33178**

40029443



01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0135630

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GONZALEZ, RICARDO
8470 N.W. 61ST STREET
MIAMI, FL 33186**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GONZALEZ, ANA MARIA
STREET ADDRESS	7824 SW 57 TERR
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	V
NAME	PONS, MARIO
STREET ADDRESS	500 MALAGA AVE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	S
NAME	NIEVES, CARLOS
STREET ADDRESS	500 SW 132 AVE
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	T
NAME	NIEVES, ALBERTO
STREET ADDRESS	1761 SW 46 AVE
CITY-ST-ZIP	FT LAUDERDALE, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

3/2/07

Date

3W-525-6960

Daytime Phone #