

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90009 002 ***150.00

DOCUMENT # P03000068591

1. Entity Name
QUALITY CONSTRUCTION YERA, CORP.



Principal Place of Business
**4884 S CONWAY RD #78
ORLANDO, FL 32812**

Mailing Address
**4884 S CONWAY RD #78
ORLANDO, FL 32812**

54054699

2. Principal Place of Business

7225 Lake Floy Cir.

Suite, Apt. #, etc.

3. Mailing Address

7225 Lake Floy Cir.

Suite, Apt. #, etc.



05142004

Chg-P

CR2E034 (10/03)

City & State

Orlando

City & State

Orlando

4. FEI Number

20-0149541

Applied For

Not Applicable

Zip

FL

Country

32819

Zip

FL

Country

32819

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SANDOVAL, FREEDY JOSE
4884 S CONWAY RD #78
ORLANDO, FL 32812**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

5/14/04

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SANDOVAL, FREEDY JOSE**
STREET ADDRESS **4884 S CONWAY RD #78**
CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE **V** ☒ Delete
NAME **ALVARADO, HUGO ALEXIS**
STREET ADDRESS **7225 LAKE FLOY**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Sandoval, Freddy Jose**
STREET ADDRESS **7225 Lake Floy Cir.**
CITY-ST-ZIP **Orlando, FL 32819**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/04

Date

Daytime Phone #

407-492-1849