

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90046 009 ***150.00

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02252004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000082444			
1. Entity Name CQ WALL, CORP.			
Principal Place of Business 7762 TATUM RD MIAMI, FL 33141		Mailing Address 7762 TATUM RD MIAMI, FL 33141	
2. Principal Place of Business 1007 Bay Dr. # 237 Suite, Apt. #, etc.		3. Mailing Address 1007 Bay Dr. # 237 Suite, Apt. #, etc.	
City & State Miami Beach Florida Zip 33141 Country		City & State Miami Beach, Florida Zip 33141 Country	
4. FEI Number 77-0605208		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUAREZ, DANIEL 7762 TATUM RD MIAMI, FL 33141		7. Name and Address of New Registered Agent Name: Suarez Daniel Street Address (P.O. Box Number is Not Acceptable): 1007 Bay Dr. # 237 City: Miami Beach FL Zip Code: 33141	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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	PD SUAREZ, DANIEL 7762 TATUM RD MIAMI, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1007 Bay Dr. # 237 Miami Beach, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOPEZ, CRISTIAN 7762 TATUM RD MIAMI, FL 33141 <input checked="" type="checkbox"/> Delete DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP Tomas, Oscar 6465 W. W. 24th. Ave. # 106 Hialeah, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: _____		Date: 3/01/04 Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			