

2005

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90360 018 ***150.00

DOCUMENT # P03000093012
1. Entity Name Quisqueya Fashions Corp.

DO NOT WRITE IN THIS SPACE

50041233

2. Principal Place of Business 3028 N.W. 17th Ave. Suite, Apt. #, etc.	3. Mailing Address 3028 N.W. 17th Ave. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Miami, FL	City & State Miami, FL	4. FEI Number 57-1183392	Applied For <input type="checkbox"/> Not Applicable
Zip 33142-6159	Country USA	Zip 33142-6159	Country USA
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Brinez, Luis J.

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

6484 Indian Creek Dr.

Apt. 117

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

Luis J. Brinez

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$500.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Brinez, Luis J. 6484 Indian Creek Dr., Apt. 117 Miami Beach, FL 33141	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Luis J. Brinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-635-4252

Daytime Phone #

CR2E034B (12/02)