

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90039 011 \*\*\*150.00

**DOCUMENT # P03000119220**

1. Entity Name

PROFESSIONAL QUALITY INSTALLATION, INC.



Principal Place of Business

9021 S.W. 156 ST.  
APT: C 101  
MIAMI FL 33157  
US

Mailing Address

9021 S.W. 156 ST.  
APT: C 101  
MIAMI FL 33157  
US

2. Principal Place of Business

3. Mailing Address

264 54 SW 135 ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead Florida

Zip

Country

33032

Country

USA

1st MOORE

CR2E034 (10/05)



4. FEI Number

45-0528855

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAAVEDRA, RAFAEL  
9021 S.W. 156 ST.  
APT: C 101  
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name - Saavedra Rafael

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

264 54 SW 135 ct

City

Homestead

FL

Zip Code

33032

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 re-stating)

01-30-06

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**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 D ☐ Delete  
NAME SAAVEDRA, RAFAEL  
STREET ADDRESS 9021 S.W. 156 ST. APT: C 101  
CITY-ST-ZIP MIAMI FL 33157

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D. ☐ Change ☐ Addition  
NAME SAAVEDRA RAFAEL  
STREET ADDRESS 264 54 SW 135 ct.  
CITY-ST-ZIP Homestead FL 33032

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

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

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

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

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 exemptions contained in Section 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]*

(SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #