2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000122631

90 22ND AVENUE NW

NAPLES, FL 34120 US

Address:

City-St-Zip:

FILED Apr 17, 2007 Secretary of State

Entity Name: FLORIDA Q CONSTRUCTION INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ITA BEACH R PRINGS, FL (
Current Mailing Address:			New Mailing Address:		
	ITA BEACH R PRINGS, FL (
FEI Number	: 20-0365676	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
4625 PALM	T, RICARDO M BEACH BLV S, FL 33905	D. US	GARCIA, ANTONIO J 4750 VIA CARMEN NAPLES, FL 34105	US	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: ANTONIO J GARCIA				04/17/2007	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (QUINONES, RI 4107 SW 23RI CAPE CORAL,	D AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (RAMIREZ, JUA 90 22ND AVEN NAPLES, FL 3	IUE NW	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	QUINONES, LU	23RD AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	SD (RAMIRES, ELV) Delete /IA H	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: RENALDO QUINONES PD 04/17/2007