2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000122631

90 22ND AVENUE NW

NAPLES, FL 34120 US

Address:

City-St-Zip:

Entity Name: FLORIDA Q CONSTRUCTION INC

FILED Sep 17, 2008 Secretary of State

Littly Na	ille. PLORID	A Q CONSTRUCTION INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
8951 BONITA BEACH ROAD, S. 275 BONITA SPRINGS, FL 34135 US			4150 HANCOCK BRIDG	GE PKWY	
			13 N. FT. MYERS, FL 339	03 US	
Current M	lailing Addre	ess:	New Mailing Address:	New Mailing Address:	
8951 BONITA BEACH ROAD, S. 275 BONITA SPRINGS, FL 34135 US				4150 HANCOCK BRIDGE PKWY	
			13 N. FT. MYERS, FL 339	03 US	
FEI Number	: 20-0365676	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
GARCIA, ANTONIO J 4750 VIA CARMEN NAPLES, FL 34105 US			QUINONES, RENALDO 4107 SW 23 AVE CAPE CORAL, FL 339		
	named entity e of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: RENALDO QUINONES				09/17/2008	
	Electro	nic Signature of Registered Age	ent	Date	
		93(2)(b), F.S., the corporation did no	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	QUINONES, F 4107 SW 23R		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D (RAMIREZ, JU 90 22ND AVE NAPLES, FL	NUE NW	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	QUINONES, L 4107 SW 23R) Delete UCY ID 23RD AVENUE ., FL 33914 US	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	SD (. RAMIRES, EL	X) Delete VIA H	Title: (Name:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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 P 09/17/2008