

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90172 014 \*\*\*150.00

DOCUMENT # P04000011256

1. Entity Name

QUALITY PLUS CONSTRUCTION INC.



Principal Place of Business

2021 NW 97 ST  
MIAMI FL 33147

Mailing Address

2021 NW 97 ST  
MIAMI FL 33147

2. Principal Place of Business

1021 NW 200 Terr  
Suite, Apt. #, etc.

3. Mailing Address

1021 NW 200 Terr  
Suite, Apt. #, etc.

City & State

MIAMI FL 33169

City & State

MIAMI FL 33169

4. FEI Number

593778455

Applied For

Not Applicable

Zip

33169

Country

FL US

Zip

33169 FL

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, SELWYN  
1021 NW 200 TERR  
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name PAUL SCOTT

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

1021 NW 200 Terr

City MIAMI

FL

Zip Code

33054

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

*Paul Scott*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/05

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

**After May 1, 2005 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 SCOTT, SELWYN  
STREET ADDRESS 1021 NW 200 TERR  
CITY-ST-ZIP MIAMI FL 33169

TITLE P ☐ Delete  
NAME SCOTT, PUAL  
STREET ADDRESS 540 DOUGLAS RD #2  
CITY-ST-ZIP OPA LOCKA FL 33169

TITLE S ☒ Delete  
NAME TALLEY, JOY  
STREET ADDRESS 2973 SW 174 AVE  
CITY-ST-ZIP MIRAMAR FL 33029

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 ☐ 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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/05

Date

3059782202

Daytime Phone #