
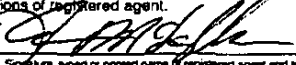
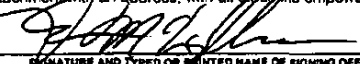


FILED  
Jul 05, 2005 8:00 am  
Secretary of State

06-22-2005 90078 048 \*\*\*150.00

**-2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|   |  |   |  |
|---|--|---|--|
| <b>DOCUMENT # P04000035842</b>  |  |    |  |
| 1. Entity Name<br>T.Q.M.&L., INC.   |  |   |  |
| Principal Place of Business<br>3000 N UNIVERSITY DR STE E<br>CORAL SPRINGS, FL 33065  |  | Mailing Address<br>3000 N UNIVERSITY DR STE E<br>CORAL SPRINGS, FL 33065  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |
| City & State  |  | City & State  |  |
| Zip   | Country  | Zip   | Country  |
|   |  | 06132005 Chg-P CR2E034 (10/03)  |  |
| 4. FEI Number<br>20-0832057   |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional<br>Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br>MIHELICH, GEORGE<br>3000 N UNIVERSITY DR STE E<br>CORAL SPRINGS, FL 33065  |  | 7. Name and Address of New Registered Agent<br>Name DANA McLaughlin<br>Street Address (P.O. Box Number is Not Acceptable)<br>3000 N UNIVERSITY DR<br>STE E<br>City CORAL SPRINGS FL Zip Code 33065                    |  |
| 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.<br>SIGNATURE  DATE 6/16/05<br><small>Signature, typed or printed name of registered agent and city if applicable. (NOTE: Registered Agent signature required when reappointing)</small>   |  |   |  |
| FILE NOW!!! FEE IS \$150.00<br>Due by September 7, 2005   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees<br>In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice. |  |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>MIHELICH, GEORGE<br>3000 N UNIVERSITY DR STE E<br>CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DANA McLaughlin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| 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.<br>SIGNATURE:  DATE 6/16/05<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |  |   |  |

ATTACHMENT

M A S

PO BOX 771210

Coral Springs, Fl. 33077-1210

954-346-7288 - Broward 954-346-7217 Fax 305-621-9382 - Dade

66624169

06/30/05

Florida Department of State  
PO BOX 1500  
Tallahassee, Fl. 32302-1500

Re: T Q M & L, Inc.  
Doc# P04000035842

To Whom It May Concern:

We are enclosing a request for the reinstatement of our client, T Q M & L Inc.  
While our office has been checking the corporate renewals for our clients, we determined that the client had not renewed the corporation.

The client was notified the corporation had not been timely renewed. While using the state website we found that if a client had not received a renewal notice, as our client has stated to us, that pursuant to F.S. 607.193(2) (b) as indicated on the 2005 UBR for the business, that the late penalty was not due.

Based upon the failure of our client to receive the renewal form, and our indicating on the 2005 UBR the new filing deadline is September 7, 2005, we are requesting reinstatement without penalty.

Should you have any questions, please contact my office.

Thank you,  
Sincerely,



David Hernandez