## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2006 08:00 AM Secretary of State

DOCUMENT # P04000048701  1. Entity Name F & D QUALITY CONSTRUCTION, INC.				Secretary of State		
Principal Plac 5480C LAKE MARGATE, FI	WOOD CIRCLE	Mailing Address 5480C LAKEWOOD CIRCLE MARGATE, FL 33063		\$ 104%\$00	58 <b>25</b> 00 5100 5510 5500 550	I SSKA BISSE JBKK (SSA) BSKÁ KAKSEL IZ KRZ
DO NOT WRITE IN THIS SPACE						
				04082008 No Chg-P CR2E034 (11/05)		
	O NOI WKIIE I	CE	4. FEI Numi 30-02		Applied Fo	
				ļ	e of Status Desired	\$8.75 Additional Fee Required
	8. Name and Address of Current Regi	stered Agent		<del>_1 _, ,</del>		
RIVERA, FERNANDO 5480C LAKEWOOD CIRCLE MARGATE, FL 33063			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for the ions of registered agent.  Signature, typed or printed name of registered agent and oil		ed office or regist		oth, in the State of Flo	rida. I am familiar with, and acco
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campeign Final Trust Fund Contribution			noing \$	g \$5.00 May Be Added to Fees		544447 80036-007 <b>150.00</b>
10.	OFFICERS AND DIRE	CTORS	1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIVERA, FERNANDO 5480C LAKEWOOD CIRCLE MARGATE, FL 33053					
TITLE NAME STREET ADDRESS CITY-ST-ZNP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			DO	NOT W	RITE
INLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME			]			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empensed 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:

TITLE
NAME
SINEET ADDRESS
CITY-ST-ZIP

SMATURE AND TYPED OR MINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06

951-444-2244