

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90268 004 ***150.00

DOCUMENT # P04000070376 1. Entity Name AFFORDABLE QUALITY, INC.			
Principal Place of Business 8870 SW 24TH PLACE MIRAMAR, FL 33025		Mailing Address 8870 SW 24TH PLACE MIRAMAR, FL 33025	
2. Principal Place of Business 12289 PENNAKE RD Suite, Apt. #, etc. 98		3. Mailing Address 12289 PENNAKE RD Suite, Apt. #, etc. 98	
City & State PENNAKE PINES, FL Zip 33025 Country USA		City & State PENNAKE PINES, FL Zip 33025 Country USA	
4. FEI Number 20-1127912		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PINEDA, IVAN J 8870 SW 24TH PLACE MIRAMAR, FL 33025		7. Name and Address of New Registered Agent Name PINEDA IVAN J Street Address (P.O. Box Number is Not Acceptable) 4022 INVERRARY BLVD #23A City LAUDERHILL FL Zip Code 33319	
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 X <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4/14/05 <small>(NOTE: Registered Agent signature required when reconstituting)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PINEDA, IVAN J 8870 SW 24TH PLACE MIRAMAR, FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PINEDA IVAN J 4022 INVERRARY BLVD #23A LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE 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: X <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/14/05 Daytime Phone # 904 665 0599	