2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 08, 2008 8:00 am Secretary of State 02-08-2008 90034 017 ***150 00 DOCUMENT # P04000091648 QUINTANA FLOOR, INC. 40020960 Principal Place of Business Mailing Address 1110 W. 26 ST 1110 W. 26 ST APT # 3 APT # 3 HIALEAH, FL 33013 HIALEAH, FL 33013 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Eust 2051 Suite, Apt. #, etc. 02012008 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 20-1241683 Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent QUINTANA, DENIS Street Address (P.O. Box Number is Not Acceptable) 1110 W. 26 ST. **APT #3** HIALEAH, FL 33013 City Zip Code 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. DATE Signature, typed or cylicted name of requirered agent and title diapolicable INCITE Registered Aperts signature required when reinstatings 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 PD * ☐ Change ☐ Addition TITLE ☐ Delete 101LE QUINTANA, DENIS NAME HAME 1110 W. 26 ST., APT. #3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33013 CITY-S1-ZIP ☐ Change Addition HILLE ☐ Delete HHE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Defete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST ZIP ☐ Change ■ Addition HILE Delete mu. NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-ZIP 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 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

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