

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000121920

FILED  
Jul 08, 2005  
Secretary of State

Entity Name: QUALITY HYDRAULIC REPAIRS, INC.

## Current Principal Place of Business:

3977 SW KAKOPA ST  
PORT SAINT LUCIE, FL 34953

## New Principal Place of Business:

3977 SW KAKOPO ST  
PORT SAINT LUCIE, FL 34953

## Current Mailing Address:

3977 SW KAKOPA ST  
PORT SAINT LUCIE, FL 34953

## New Mailing Address:

3977 SW KAKOPO ST  
PORT SAINT LUCIE, FL 34953

FEI Number: 20-1617978

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

AUDAIN, VALERIE E  
3977 SW KAKOPO STREET  
PORT SAINT LUCIE, FL 34953 US

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.

SIGNATURE: VALERIE E AUDAIN

07/08/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: AUDAIN, ALAIN  
Address: 3977 SW KAKOPA ST  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: STD ( ) Delete  
Name: AUDAIN, VALERIA  
Address: 3977 SW KAKOPA ST  
City-St-Zip: PORT SAINT LUCIE, FL 34953

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: AUDAIN, ALAIN  
Address: 3977 SW KAKOPO ST  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: STD (X) Change ( ) Addition  
Name: AUDAIN, VALERIE  
Address: 3977 SW KAKOPO ST  
City-St-Zip: PORT SAINT LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALERIE E AUDAIN

STD

07/08/2005

Electronic Signature of Signing Officer or Director

Date