

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/ **FILED**  
**Jun 03, 2005 8:00 am**  
**Secretary of State**

05-23-2005 90004 021 \*\*\*150.00

<b>DOCUMENT # P04000169457</b> 1. Entity Name <b>QUALITY HOME LOANS CORPORATION</b>																								
Principal Place of Business <b>13500 NORTH KENDALL DRIVE</b> <b>291</b> <b>MIAMI, FL 33176</b>		Mailing Address <b>13500 NORTH KENDALL DRIVE</b> <b>291</b> <b>MIAMI, FL 33176</b>																						
2. Principal Place of Business <b>13500 N. KENDALL DR.</b> Suite, Apt. #, etc. <b>211</b> City & State <b>MIAMI FL</b> Zip <b>33186</b>		3. Mailing Address <b>13500 N. KENDALL DR.</b> Suite, Apt. #, etc. <b>211</b> City & State <b>MIAMI, FL</b> Zip <b>33186</b>																						
4. FEI Number <b>20-2310750</b>		Applied For <input type="checkbox"/> Not Applicable																						
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																						
6. Name and Address of Current Registered Agent  <b>DOMINGUEZ, MIGUEL A</b> <b>13500 NORTH KENDALL DRIVE</b> <b>291</b> <b>MIAMI, FL 33176</b>		7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																								
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																						
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 5%;">P</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 75%;">NAME DOMINGUEZ, EDUARDO L JR</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3">13500 NORTH KENDALL DRIVE 291</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3">MIAMI, FL 33176</td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME DOMINGUEZ, EDUARDO L JR	STREET ADDRESS	13500 NORTH KENDALL DRIVE 291			CITY-ST-ZIP	MIAMI, FL 33176			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 5%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 85%;">NAME</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS			CITY-ST-ZIP		
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>5/18/05</b> Daytime Phone #: <b>305 752 0222</b>																						

66021265



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