## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000172756

Entity Name: C.Q.C. BROS, CORP

FILED Sep 06, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 492 ELAND DR NORTH FORT MYERS, FL 33917 LIS **Current Mailing Address: New Mailing Address:** 492 ELAND DR NORTH FORT MYERS, FL 33917 US FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SOLALINDE, ESTEBAN D 492 ELAND DR NORTH FORT MYERS, FL 33917 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: 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition SOLALINDE, ESTEBAN D Name: Name: 492 ELAND DR Address: Address: City-St-Zip: NORTH FORT MYERS, FL 33917 US City-St-Zip: Title: VΡ Title: () Change () Addition () Delete RODAS, PABLO D Name: Name: 492 ELAND DR Address: Address:

City-St-Zip:

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: PABLO RODAS VP 09/06/2005

NORTH FORT MYERS, FL 33917 US

City-St-Zip: