



2006 FQR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000002353 1. Entity Name QUICK HOME INVESTMENTS CORP.						06 SEP 25 11 17:47	
Principal Place of Business 16368 SW 15 ST PEMBROKE PINES, FL 33027				Mailing Address 16368 SW 15 ST PEMBROKE PINES, FL 33027			
2. Principal Place of Business 12260 SW 10 TERRACE		3. Mailing Address 12260 SW 10 TERRACE					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA		4. FEI Number 52-2448689		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33184		Country MIAMI-0008		Zip 33184		Country MIAMI-0008	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				09192006 Chg-P CR2E034 (11/05)			
6. Name and Address of Current Registered Agent VALDES, RIGOBERTO F 16368 SW 15 ST PEMBROKE PINES, FL 33027				7. Name and Address of New Registered Agent Name ISELB SALAZAR Street Address (P.O. Box Number is Not Acceptable) 12260 SW 10 TERRACE City MIAMI FL Zip Code 33184			
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 Iselle A. Salazar DATE 9/21/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25				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 VALDES, RIGOBERTO F <input checked="" type="checkbox"/> Delete 16368 SW 15 ST PEMBROKE PINES, FL 33027			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-P ISELB SALAZAR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12260 SW 10 TERRACE MIAMI FL 33184		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500080268875 09/28/06--01049--013 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
SIGNATURE: x Iselle A. Salazar <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				9/21/06 305.519.5823 <small>Date Daytime Phone #</small>			