


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P05000008522 1. Entity Name FLORES QUALITY WORK, INC. |  |
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| Principal Place of Business 5119 VERMONT AVENUE LAKE WORTH, FL 33461 | Mailing Address 5119 VERMONT AVENUE LAKE WORTH, FL 33461 |
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DO NOT WRITE IN THIS SPACE



01192007 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 11-3739900 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 FLORES, FELIPE
 5119 VERMONT AVENUE
 LAKE WORTH, FL 33461

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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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000614585
 02/06/07-80037-005 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FLORES, FELIPE 5119 VERMONT AVENUE LAKE WORTH, FL 33461 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FLORES, FELIPE 5119 VERMONT AVENUE LAKE WORTH, FL 33461 |
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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: Felipe Flores Date: 01-29-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #