

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90366 007 ***150.00

DOCUMENT # P05000031004

1. Entity Name
A.Q. CORPORATION



Principal Place of Business
**9645 SW 24 STREET SUITE 1-110
MIAMI, FL 33165**

Mailing Address
**9645 SW 24 STREET SUITE 1-110
MIAMI, FL 33165**

2. Principal Place of Business

853 SW 142 PL

Suite, Apt. #, etc.

3. Mailing Address

853 SW 142 PL

Suite, Apt. #, etc.



03282006 Chg-P CR2E034 (11/05)

City & State
MIAMI, FLORIDA

Zip
33184

Country
USA

City & State
MIAMI, FLORIDA

Zip
33184

Country
USA

4. FEI Number
20-2425120

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**QUIJADA, ALBERTO
9645 SW 24 STREET SUITE 1-110
MIAMI, FL 33165**

7. Name and Address of New Registered Agent

Name **QUIJADA, ALBERTO**

Street Address (P.O. Box Number is Not Acceptable)

853 SW 142 PL

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

[Signature]

Alberto Quijada

3/28/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P QUIJADA, ALBERTO 9645 SW 24 STREET SUITE 1-110 MIAMI, FL 33165	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P QUIJADA, ALBERTO 853 SW 142 PL MIAMI, FL 33184	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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:

[Signature]

Alberto Quijada

3/28/06 (305) 225-2246

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #