

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000040313

Entity Name: AMERICAN QUALITY INSURANCE INC

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

6550 N STATE RD 7  
COCONUT CREEK, FL 33073

## New Principal Place of Business:

6550 N STATE ROAD 7  
COCONUT CREEK, FL 33073 US

## Current Mailing Address:

6550 N STATE RD 7  
COCONUT CREEK, FL 33073

## New Mailing Address:

6550 N STATE ROAD 7  
COCONUT CREEK, FL 33073 US

FEI Number: 20-2521861

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EXPRESS ACCOUNTING & INCOME TAX SVCS. CORP  
760 W. SAMPLE RD.  
10  
POMPANO BEACH, FL 33064 US

## Name and Address of New Registered Agent:

DE QUEIROZ, MARCELO P  
6550 N STATE ROAD 7  
COCONUT CREEK, FL 33073 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: MARCELO P. DE QUEIROZ

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CHACON, LUCIA H  
Address: 875 RIVERSIDE DR #737  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP ( ) Delete  
Name: DE QUEIROZ, MARCELO P  
Address: 6550 N STREET ROAD 7  
City-St-Zip: COCONUT CREEK, FL 33073

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CHACON, LUCIA H  
Address: 875 RIVERSIDE DRIVE #737  
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: VP (X) Change ( ) Addition  
Name: DE QUEIROZ, MARCELO P  
Address: 6550 N STATE ROAD 7  
City-St-Zip: COCONUT CREEK, FL 33073 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LUCIA H. CHACON

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date