2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State
04-28-2008 90339 038 ***150.00

DOCUMENT # P05000146698

1. Entity Name
QUALITY TRUCK ACCESSORIES 2 CORP.

Principal Place of Business	Mailing Address
8831 FONTAINEBLEAU BOULEVARD SUITE 309 MIAMI, FL 33172	8831 FONTAINEBLEAU BOULEVARD SUITE 309 MIAMI, FL 33172

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04122008 Chg-P CR2E034 (12/06)

4. FEI Number 22-3918009 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CABRERA, SERGIO J
8831 FONTAINEBLEAU BOULEVARD
SUITE 309
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name CABRERA, SERGIO J.
Street Address (P.O. Box Number is Not Acceptable) 9621 FONTAINEBLEAU Blvd. #411
City MIAMI FL Zip Code 33172

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] 4/12/08
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	PSTD CABRERA, SERGIO J 8831 FONTAINEBLEAU BOULEVARD, SUITE 309 MIAMI, FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD. CAbrera, SERGIO J. 9621 FONTAINEBLEAU Blvd #411 MIAMI FL 33172	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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] 4/2/08 305 559-0193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #