


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90046 024 ***150.00

DOCUMENT # P05000146942	
--------------------------------	---

1. Entity Name
M & Q INC

Principal Place of Business
**1131 N. NEBRASKA AVE
TAMPA, FL 33612**

Mailing Address
**P.O. BOX 82854
TAMPA, FL 33682**

2. Principal Place of Business - No P.O. Box #

2436 US HWY 92 E

3. Mailing Address

2436 US HWY 92 E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE LAND, FL

City & State

LAKE LAND, FL

Zip Country

33801-2650 US

Zip Country

33801-2650 US

6. Name and Address of Current Registered Agent

**ALREFAEE, MOUSA
4805 SANDRA DRIVE
APT# 4
TAMPA, FL FLORI-DA**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVPT	<input checked="" type="checkbox"/> Delete
NAME	ABDELJABBAR, GAHER	
STREET ADDRESS	8649 N. HIMES AVE	
CITY-ST-ZIP	TAMPA, FL 33614	

TITLE	DPS	<input type="checkbox"/> Delete
NAME	ALREFAEE, MOUSA	
STREET ADDRESS	4805 SANDRA DRIVE APT# 4	
CITY-ST-ZIP	TAMPA, FL 33617	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/07