# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 21, 2009**
**Secretary of State**

DOCUMENT# P05000161298

**Entity Name:** QUINONEZ SISTERS, INC.

**Current Principal Place of Business:**

485 JERI DRIVE
GREEN COVE SPRINGS, FL 32043

**New Principal Place of Business:**

**Current Mailing Address:**

485 JERI DRIVE
GREEN COVE SPRINGS, FL 32043

**New Mailing Address:**

**FEI Number: 26-3404121** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GIBSON, M BRAD
109 E BAY STREET
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

QUINONEZ, MARTHA
485 JERI DRIVE
GREEN COVE SPRINGS, FL 32043 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: MARTHA QUINONEZ 02/21/2009
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: QUINONEZ, MARTHA
Address: 485 JERI DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP ( ) Delete
Name: QUINONEZ, ROSALBA
Address: 456 JERI DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: QUINONEZ, ROSALBA
Address: 456 JERI DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP ( ) Change (X) Addition
Name: GARCIA, VICTORINA
Address: 456 JERI DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: MARTHA QUINONEZ P 02/21/2009
Electronic Signature of Signing Officer or Director Date