

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000004217

**FILED**  
**Mar 16, 2009**  
**Secretary of State**

**Entity Name:** CARLOS QUALITY DESIGN, INC.

**Current Principal Place of Business:**

10670 NW 123 ST RD, #105  
MEDLEY, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

10670 NW 123 ST RD, #105  
MEDLEY, FL 33178

**New Mailing Address:**

**FEI Number:** 20-4104466

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRUZ, CARLOS  
10344 NW 31 AVE  
MIAMI, FL 33147 US

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

CRUZ, CARLOS  
10670 NW 123 ST RD #105  
MEDLEY, FL 33178 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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/16/2009

Date

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CRUZ, CARLOS  
Address: 10344 NW 31 AVE.  
City-St-Zip: MIAMI, FL 33147

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

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

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: CARLOS CRUZ

Electronic Signature of Signing Officer or Director

D

03/16/2009

Date