

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90003 032 ***158.75

DOCUMENT # P06000152556

1. Entity Name
QUALITY CUSTOM FILTERS, INC.



Principal Place of Business
**1300 NORTH FLORIDA MANGO ROAD
SUITE 12
WEST PALM BEACH, FL 33409**

Mailing Address
**1300 NORTH FLORIDA MANGO ROAD
SUITE 12
WEST PALM BEACH, FL 33409**

40025269



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-8022202

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SINGH, CECILIA
1300 NORTH FLORIDA MANGO ROAD
SUITE 12
WEST PALM BEACH, FL 33409**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SINGH, CECILIA
1300 NORTH FLORIDA MANGO ROAD, STE 15
WEST PALM BEACH, FL 33409**



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D
SINGH, CECILIA
1300 NORTH FLORIDA MANGO RD-STE 12
WEST PALM BEACH, FL 33409**



Change



Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change



Addition

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Change



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CITY-ST-ZIP



Delete

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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:

Cecilia Singh P/D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-07

561-686-3376

Date

Daytime Phone #