

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P07000022619

1. Entity Name
QUALITY COATINGS APPLICATIONS, INC



Principal Place of Business
11272 S.W. 11TH STREET
PEMBROKE PINES, FL 33025 US

Mailing Address
11272 S.W. 11TH STREET
PEMBROKE PINES, FL 33025 US

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

06252008

Chg-P

CR2E034 (12/06)

4. FEI Number

77-0677909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORES, EDUARDO
11272 S.W. 11TH STREET
PEMBROKE PINES, FL 33025

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 registrant agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P,D ☐ Delete
NAME FLORES, EDUARDO
STREET ADDRESS 11272 S.W. 11TH STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33025

TITLE VP,D ☒ Delete
NAME PEREZ, KAREN
STREET ADDRESS 11272 S.W. 11TH STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33025

TITLE S,D ☐ Delete
NAME FLORES, EDUARDO
STREET ADDRESS 11272 S.W. 11TH STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33025

TITLE T, D ☐ Delete
NAME FRANKEL, HELENE
STREET ADDRESS 11272 S.W. 11TH STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33025

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400133269764
CITY-ST-ZIP 07/22/08--01013--016 **\$61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP, T, D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 #

6/26/08 954-558-4667

FILED

08 JUL 18 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



7/2/08