2008 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED Mar 12, 2008 8:00 am Secretary of State

2/1

DOCUMENT # P07000084180 1. Eritity Name LA QUINTA HOME IMPROVEMENT, INC.							02-14-2008 90022 014 ***150.00				
Principal Place of Business 6800 S.W. 18 STREET MIAMI, FL 33155			Mailing Address 6800 S.W. 18 STREET MIAMI, FL 33155								
2. Principal P	face of Busin	ess - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01062008	Chg-P	CR2E	034 (12/06)		
City & State			City & State			4. FEI Numb	2672621		نسبودها	oplied For ot Applicable	
Ζφ	Country		Zíp				e of Status Desired		\$8.75 Add Fee Require		
	6. Name	and Address of Current	Registered Agent		Name	7. Name an	d Address of New Re	gistered	Agent		
CASTANEDA, PABLO P – – 6800 S.W. 18 STREET MIAMI, FL 33155					Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Cod	e		
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 remissions) DATE											
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFIC	ERS AN	DIRECTOR:	S IN 11	
NAME	P	Defete	TIFLE					☐ Change	☐ Addition		
STREET ADDRESS		EDA, PABLO P 1. 18 STREET	, name Street a		ET ADDRESS					-	
CITY-ST-ZIP	MIAMI, FL		CITY-		-ST- 71P						
TITLE	VP	☐ Delete	TITLE					Change	Addition		
NAME STREET ADDRESS		EDA, ESTHER : 18 STREET	NAME		E Et adoress						
CITY-SI-ZIP	MIAMI, FL				-ST-ZIP						
title			☐ Delete	fift	Ē.		_		☐ Change	☐ Addition	
NAME STREET ADDRESS	_			NAM	-						
CITY+ST-ZIP				1	ET ADDRESS -SI-ZIP						
tme			☐ Deleta	TITLE		-			Chango —	- Addition	
NAME				NAM					-	_	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP						
TITLE		·	☐ Delete	1171,5	:				☐ Change	Addition	
MAME Street Address				NAME	·						
CITY-ST-ZIP					ET ADORESS -ST-ZIP						
TITLE			☐ Delete	TITLE		<u></u>		- <u>-</u>	Change	Addition	
NAME				кам	·						
STREET ADORESS CITY-ST-ZIP					ET ADORESS -S1-ZIP						
12. I hereby o	ertify that the	information supplied with	this filing does not qualify for	the eve	amotione contains	ed in Chapter 119	9. Florida Statutes 1 h	ather cer	lify that the in	lormation	
12. Thereby 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-abd 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 be execute this report as required by Chapter 60?, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a other lates are repowered.											
SIGNATURE:						02-11	-08	7 86	-275-1	8631	