## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000013928

**Entity Name: GQ SOLUTIONS CORPORATION** 

FILED Jun 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10251 SW 72 ST, STE 104 10251 SW 72 STREET 102 104

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MIAMI, FL 33173 MIAMI, FL 33173

Current Mailing Address: New Mailing Address:

10251 SW 72 ST, STE 104 10251 SW 72 STREET

MIAMI, FL 33173 MIAMI, FL 33173

FEI Number: 26-1910430 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

QUILEZ, ARIADNE 4155 SW 130 AVE QUILEZ, ARIADNE 10251 SW 72 ST

102 104 MIAMI, FL 33175 US MIAMI, FL 33173 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: ARIADNE QUILEZ 06/01/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

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

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 HERNANDEZ, YUSABELIS
 Name:
 HERNANDEZ, YUSABELIS

 Address:
 4155 SW 130 AVE, SUITE 102
 Address:
 10251 SW 72 ST

City-St-Zip: MIAMI, FL 33175 City-St-Zip: MIAMI, FL 33173

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: QUILEZ, ARIADNE Name: QUILEZ, ARIADNE

Address: 4155 SW 130 AVE, SUITE 102 Address: 10251 SW 72 ST
City-St-Zip: MIAMI, FL 33175 City-St-Zip: MIAMI, FL 33173

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 QUILEZ, HUMBERTO
 Name:
 QUILEZ, HUMBERTO

 Address:
 4155 SW 130 AVE, # 102
 Address:
 10251 SW 72 ST

 City-St-Zip:
 MIAMI, FL 33175
 City-St-Zip:
 MIAMI, FL 33173

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: ARIADNE QUILEZ VP 06/01/2009