

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000093006

**FILED**  
**Feb 04, 2010**  
**Secretary of State**

**Entity Name:** QUALITY FORKLIFT & EQUIPMENT INC

**Current Principal Place of Business:**

6700 NW 114 AVE #921  
MIAMI, FL 33178

**New Principal Place of Business:**

9450 NW 58 STREET  
108  
DORAL, FL 33178

**Current Mailing Address:**

6700 NW 114 AVE #921  
MIAMI, FL 33178

**New Mailing Address:**

9450 NW 58 STREET  
108  
DORAL, FL 33178

**FEI Number:** 27-1319931

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ORTEGA, LUCINA  
6700 NW 114 AVE #921  
MIAMI, FL 33178 US

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

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

\_\_\_\_\_  
Date

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

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** ORTEGA, LUCINA  
**Address:** 6700 NW 114 AVE #921  
**City-St-Zip:** MIAMI, FL 33178

**Title:** DS  
**Name:** ORTEGA, GINETTE  
**Address:** 6700 NW 114 AVE #921  
**City-St-Zip:** MIAMI, FL 33178

I hereby 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 all other like empowered.

**SIGNATURE:** LUCINA ORTEGA

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02/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date