

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000093006

**FILED**  
**Jan 27, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

9450 NW 58 STREET  
108  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

9450 NW 58 STREET  
108  
DORAL, FL 33178

**New Mailing Address:**

**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

**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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01/27/2012

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

\_\_\_\_\_  
Date