ANNUAL REPORT (AR)

DOCUMENT # P93000044997

1. Entity Name

Q.D.R. MANAGEMENT OF FLORIDA, INC.

FILED
Feb 09, 2006 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
1501 SOUTHWEST 22ND STREET FORT LAUDERDALE FL 33315 US	44140 RIVERVIEW RIDGE CLINTON TOWNSHIP MI 48038 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 65-0436728 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LIEBERMAN, STEVEN
9130 SOUTH DADELAND BLVD.
SUITE 1619
MIAMI FL 33156

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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVTS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BADALAMENTI, JOSEPH F		NAME		
STREET ADDRESS	44140 RIVERVIEW RIDGE		STREET ADDRESS	U00000428420	
CITY-ST-ZIP	CLINTON TOWNSHIP MI 48038		CITY-ST-ZIP	02/21/06-80046-016 150.00	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BADALAMENTI, JOSEPH F		NAME		
STREET ADDRESS	44140 RIVERVIEW RIDGE		STREET ADDRESS		
CITY-ST-ZIP	CLINTON TOWNSHIP MI 48038		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Joseph Badalamenti, Joseph Badalamenti 2-1-06 586-286-7223