


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P94000028271 |  |
| 1. Entity Name QUISQUELLA AMERICAN CLEANER CORPORATION | |

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|--|--|
| Principal Place of Business 12558 PINES BOULEVARD PEMBROKE PINES, FL 33027 | Mailing Address 12558 PINES BOULEVARD PEMBROKE PINES, FL 33027 |
|--|--|

DO NOT WRITE IN THIS SPACE



04222004 No Chg-P CR2E034 (10/03)

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|------------------------------------|--|
| 4. FEI Number 65-0502665 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**QUELADA, PABLO
12558 PINES BOULEVARD
PEMBROKE PINES, FL 33027**

**DO NOT WRITE
IN THIS SPACE**

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)

U00000130033

04/26/04-80126-020 150.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D QUEZADA, PABLO 9341 DUNHILL DRIVE MIRAMAR, FL 33023 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D QUEZADA, CRUZ 9341 DUNHILL DRIVE MIRAMAR, FL 33023 |
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Pablo Cruz Quezada*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4/23/04 ✓ 954-436-7483
Date Daytime Phone #