


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90404 021 \*\*\*150.00

<b>DOCUMENT # P94000028271</b> 1. Entity Name <b>QUISQUELLA AMERICAN CLEANER CORPORATION</b>	
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Principal Place of Business <b>12558 PINES BOULEVARD PEMBROKE PINES, FL 33027</b>	Mailing Address <b>12558 PINES BOULEVARD PEMBROKE PINES, FL 33027</b>
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04272005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0502665</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

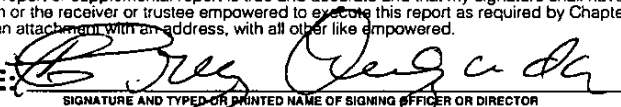
6. Name and Address of Current Registered Agent  <b>QUELADA, PABLO 12558 PINES BOULEVARD PEMBROKE PINES, FL 33027</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D QUEZADA, PABLO 9341 DUNHILL DRIVE MIRAMAR, FL 33023</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D QUEZADA, CRUZ 9341 DUNHILL DRIVE MIRAMAR, FL 33023</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.
<b>SIGNATURE</b>  <b>4/28/05</b> <b>954-936-7443</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>