2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 12, 2007 8:00 am DOCUMENT # P94000083495 **Secretary of State** 1. Entity Name 03-12-2007 90095 003 ***158.75 QUINTERO EQUIPMENT, INC. Principal Place of Business Mailing Address PO BOX 901711 HOMESTEAD FL 33090 12621 SW 252 TERR HOMESTEAD FL 33032 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0583538 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name QUNITERO, MANUEL Stroet Address (P.O. Box Number is Not Acceptable) 12621 SW 252 TERR **HOMESTEAD FL 33032** Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete Change ☐ Addition Quintero Manuel 126215.W. 252 Tom. QUINTERO, MANUEL NAME 12631 S.W. 252 TERRACE STREET ADDRESS STREET ADDRESS HOMESTEAD FL 33032 CITY-ST-ZIP CITY-ST-ZIP vs TITLE ☐ Delete Change Addition QUINTERO, LAURA quintoro, Laura NAME NAME 12631 S.W. 252 TERRACE 12621 S.W. 252 Terr STREET ADDRESS STREET ADDRESS HOMESTEAD FL 33032 CITY-ST-ZIP CITY-ST-ZIP Harrostood, Fl. 53032 TITLE Delete IIIŁE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP mu □ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP HILE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP THE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP

12. Thereby 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 inhowered.

SIGNATURE: ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED