

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90032 015 ***158.75

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1. Entity Name
QUINTERO PROPERTIES, INC.



Principal Place of Business
**8230 DRYCREEK DR
TAMPA, FL 33615**

Mailing Address
**P.O. Box 261418
TAMPA FL 33685-1418**



ACC05662

DO NOT WRITE IN THIS SPACE

01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3397726

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WATKINS, CARL T. C
5103 MEMORIAL HIGHWAY
TAMPA, FL 32634**

**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) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	QUINTERO, JULIO G
STREET ADDRESS	8230 DRYCREEK DR
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	VP
NAME	QUINTERO, NOHRA E
STREET ADDRESS	8230 DRYCREEK DR
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	VP
NAME	QUINTERO, MIGUEL A
STREET ADDRESS	8230 DRYCREEK DR
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Julio Quintero* **Julio Quintero Pres 1-16-06 813 243-2339**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #