


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 22, 2005 8:00 am
Secretary of State

| | |
|--|---|
| DOCUMENT # P97000035489 1. Entity Name DOMINICAN QUALITY DISTRIBUTORS, INC. |  |
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|---|---|
| Principal Place of Business 1910 NW 97TH AVE. MIAMI, FL 33172 | Mailing Address 1910 NW 97TH AVE. MIAMI, FL 33172 |
|---|---|

DO NOT WRITE IN THIS SPACE

TALLAHASSEE, FLORIDA



04212005 No Chg-P CR2E034 (10/03)

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|--|-------------------------------|
| 4. FEI Number 65-0750626 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

REMEDIOS, MANUEL A
2980 S.W. 141ST COURT
MIAMI, FL 33175-6527

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PTD REMEDIOS, MANUEL A 2980 S.W. 141ST COURT MIAMI, FL 33175 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD CROS, MARLENE 2980 S.W. 141ST COURT MIAMI, FL 33175 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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300053933083
05/06/05--01007--022 **150.00

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.

SIGNATURE:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____