## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P97000058895

1. Entity Name

QUIÉT TECHNOLOGY BAC 1-11, INC.



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

12845 NW 45 AVE OPA LOCKA, FL 33054 Mailing Address

12845 NW 45 AVE OPA LOCKA, FL 33054



DO NOT WRITE IN THIS SPACE

04222008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0767354 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FINE, BARRY H 12845 NW 45 AVE OPA LOCKA, FL 33054 DO NOT WRITE

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, 2008 Fee will be \$550.00

Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U00000924050 05/16/08-80058-012 150.00

OFFICERS AND DIRECTORS 10. TITLE BIRBRAGHER, FERNANDO NAME 12845 NW 45 AVENUE STREET ADDRESS OPA LOCKA, FL 33054 CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 prostee appropriate 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 attackness, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dat

Daytime Phone #