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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2008

FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000070712

1. Entity Name
G. Q. TRANSMISSION TRANSMISS 1803

DO NOT WRITE IN THIS SPACE

50001654
CR2E034B (8/05)

2. Principal Place of Business	3. Mailing Address
600 NW 22Nd Ave	600 NW 22Nd Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIA FL	City & State: MIA FL
Zip: 33125 Country:	Zip: 33125 Country:

4. FEI Number — [X] Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: GUILLERMO QUINTANA
Street Address (P.O. Box Number is Not Acceptable): 600 NW 22Nd Ave
City: MIAMI FL Zip Code: 33125

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 X [signature] DATE 4/18/08
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D - QUINTANA, Gabriel 600 NW 22Nd Ave MIA FL 33125	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 4/22/08	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/20/08 305-649-8899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #