


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000003388 1. Entity Name M.C. QUALITY MONUMENTS CORP.	
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Principal Place of Business 9215 SW 9 TER MIAMI, FL 33174	Mailing Address 9215 SW 9 TER MIAMI, FL 33174
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DO NOT WRITE IN THIS SPACE



02062007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0829691	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CAZARES, MIGUEL 9215 SW 9 TER MIAMI, FL 33174
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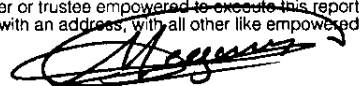
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAZARES, MIGUEL 9215 SW 9 TER MIAMI, FL 33174
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U00000698727 04/13/07-80013-023 150.00 DO NOT WRITE IN THIS SPACE
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 04/06/07 Daytime Phone # (305) 469 5419