

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90001 005 ***158.75

DOCUMENT # P98000010253

1. Entity Name
QUALITY INSURANCE AGENCY, INC.



Principal Place of Business
**1290 E 4TH AVE
HIALEAH, FL 33010**

Mailing Address
**1290 E 4TH AVE
HIALEAH, FL 33010**

40106344



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

05132008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
65-0814282

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**PALACIOS, MARIA ELENA
19391 NW 57 CT.
MIAMI, FL 33015**

7. Name and Address of New Registered Agent

Name **Alina Del Prado**
Street Address (P.O. Box Number is Not Acceptable)
81 SW 134 COURT
City **Miami** FL Zip Code **33184**

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: **Alina Del Prado**

DATE **05/03/08**

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
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DEL PRADO, GUILLERMO	
STREET ADDRESS	81 SW 134 CT	
CITY-ST-ZIP	MIAMI, FL 33184	
TITLE	P	<input type="checkbox"/> Delete
NAME	DEL PRADO, ALINA	
STREET ADDRESS	81 SW 134 CT	
CITY-ST-ZIP	MIAMI, FL 33184	
TITLE	A	<input checked="" type="checkbox"/> Delete
NAME	PALACIOS, MARIA E	
STREET ADDRESS	19391 NW 57 CT	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Alina Del Prado**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **05/03/08** (305) **805 28 10**
Daytime Phone #