

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2005 8:00 am**  
**Secretary of State**

08-03-2005 90063 047 \*\*\*150.00

**DOCUMENT # P98000027875**

1. Entity Name  
**QUIROS, INC.**



Principal Place of Business  
**5467 FRIARSWAY DR.  
TAMPA, FL 33624**

Mailing Address  
**P.O. BOX 272605  
TAMPA, FL 33688**

**50059654**



07272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3502612**

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

7. Name and Address of New Registered Agent

**LUM-QUIROS, BERTILDA  
5467 FRIARSWAY DR.  
TAMPA, FL 33624**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
LUH-QUIROS, BERTILDA  
5467 FRIARSWAY DR.  
TAMPA, FL 33624** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

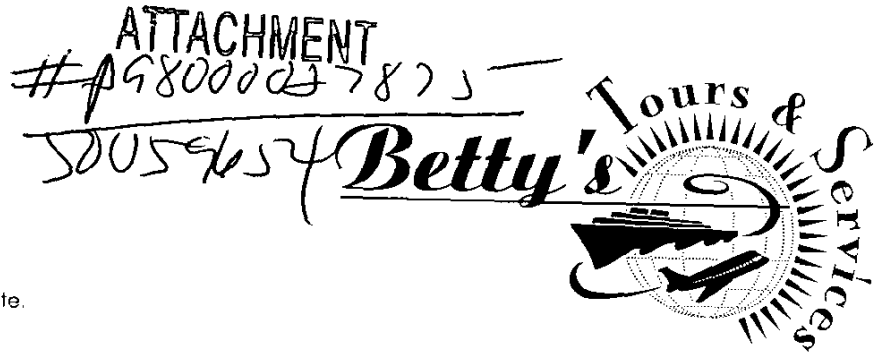
Date

Daytime Phone #

P.O.Box 272605  
Tampa, FL 33688

Telephone 813.908.1400  
Fax 813.960.8062  
E-mail: bettys.tours@verizon.net

Ofrecemos Servicios de Inmigración y Real Estate.



JULY 28<sup>TH</sup>, 2005

RE: P98000027875 (QUIROS, INC.)

TO WHOM IT MAY CONCERN:

PLEASE APOLOGIES CONCERNING THE PAYMENT OF CORPORATION. I'M LATE BECAUSE I NEVER RECEIVE THE ANNUAL REPORT 2005 . I'M USED TO RECEIVED THE OLD BIG FORM. THIS TIME I RECEIVED A LITTLE CARD WHICH I DID NOT PUT MUCH ATTENTION. I WILL LIKE TO APOLOGIES AND REQUEST A WAIVER FOR THE LATE PAYMENT. I WAS NOT AWARE OF THE NEW CHANGE FORM OF THE ANNUAL REPORT.

PLEASE CONTACT US AT YOUR EARLIEST CONVENIENCE. THANKS FOR ALL YOUR CONSIDERATION TO THIS MATTER.

SINCERELY,

  
BETTY LUM QUIROS  
MANAGER