

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90078 024 \*\*\*150.00

40035423



03172005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P99000061356</b> 1. Entity Name QUALITY CONSTRUCTIONS INCORPORATED			
Principal Place of Business 6710 SW 127 PL MIAMI, FL 33183		Mailing Address 6710 SW 127 PL MIAMI, FL 33183	
2. Principal Place of Business 2441 NW 93 Ave. Suite, Apt. #, etc. 108		3. Mailing Address 2441 NW 93 Ave Suite, Apt. #, etc. 108	
City & State DORAL FL		City & State DORAL FL	
Zip 33172		Zip 33172	
Country Dade		Country USA	
4. FEI Number 65-0939696		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  ALZATE, GUILLERMO 6710 S.W. 127 PL MIAMI, FL 33183		7. Name and Address of New Registered Agent Name <u>Guillermo ALZATE</u> Street Address (P.O. Box Number is Not Acceptable) <u>2441 NW 39 Avenue #108</u> City <u>DORAL</u> FL <u>33172</u>	
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) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD ALZATE, GUILLERMO 6710 SW 127 PL MIAMI, FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Guillermo ALZATE 2441 NW 39 Avenue #108 DORAL FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 correct 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 persons empowered.			
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/17/05</u> <u>305</u> <small>Daytime Phone #</small>	