


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State


05-14-2008 90013 041 ***158.75

DOCUMENT # P99000073171
 1. Entity Name
Q&F ASSOCIATES, INC.



Principal Place of Business Mailing Address
15680 SW 58 TERRACE **15680 SW 58 TERRACE**
MIAMI, FL 33193 **MIAMI, FL 33193**

DO NOT WRITE IN THIS SPACE



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0942008	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FUENTES, IRMA E
15680 SW 58 TERRACE
MIAMI, FL 33193

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 _____
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
After May 1, 2008 Fee will be \$550.00

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	DP FUENTES, IRMA E 15680 SW 58 TERRACE MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FUENTES, WALTER D 15680 SW 58 TERRACE MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT QUINTANILLA, JAIME A 15680 SW 58 TERRACE MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Fuentes, Juliette E. 15680 SW 58 Terrace Miami, FL, 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *[Signature]* D.P. 786-255-3570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #