# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2004 8:00 am**
**Secretary of State**
04-28-2004 90239 012 ***150.00

14011239

DOCUMENT # P99000099096

1. Entity Name
HQ REALTY PHILIPPINES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 227 NE 2ND STREET<br>GROUND FLOOR<br>MIAMI, FL 33132 | 227 NE 2ND STREET<br>GROUND FLOOR<br>MIAMI, FL 33132 |

03102004 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0962254 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

QUIANZON, RICARDO D
1441 NW 19TH ST #134
MIAMI, FL 33125

**7. Name and Address of New Registered Agent**

Name (SAME)

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

508 NE 195 ST.

City MIAMI FL Zip Code 33179

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

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**

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 | D<br>DE LEON, ERNESTO<br>1011 N.W.11TH AVENUE<br>MIAMI, FL 33136 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>QUIANZON, RICARDO<br>680 NE 64TH ST PHA-4<br>MIAMI, FL 33138 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P QUIANZON, RICARDO<br>508 NE 195 th ST.<br>miami FL 33179. ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>QUIANZON, EMERITA L<br>680 NE 64TH ST P-4<br>MIAMI, FL 33138 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S Quianzon, Emerita ☑ Change ☐ Addition<br>508 NE 195 th St.<br>miami FL 33179 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / 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:** _____ RICARDO QUIANZON 4/26/04 (786)425 1944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #