


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # V25866 1. Entity Name Q & R CORP. |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 11690 QUAIL ROOST DR. MIAMI, FL 33157-6530 | Mailing Address 11690 QUAIL ROOST DR. MIAMI, FL 33157-6530 |
|--|--|

| |
|-----------------------------------|
| DO NOT WRITE IN THIS SPACE |
|-----------------------------------|



01062005 No Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 65-0322594 | 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 ATIENZA, EDUARDO 11690 QUAIL ROOST DR. MIAMI, FL 33157-6530 |
|---|

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

| | | |
|---|--|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
|---|--|--|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MORENO, A. 3631 SW 132 COURT MIAMI, FL 33165 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ATIENZA, E. 9240 SW 64 STREET MIAMI, FL 33173 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FOLGUEIRA, BASILIO 745 BENVENTED AVENUE MIAMI, FL 33146 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

| |
|---------------------------------------|
| DO NOT WRITE IN THIS SPACE |
|---------------------------------------|

U000000289333
04/06/05-80021-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Antonio Moreno</u> <u>PRESIDENT</u> <u>4/3/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Daytime Phone #</small> |
|--|--------------------------------|