2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # V25866

1. Entity Name
Q & R CORP.

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

01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0322594
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ATIENZA, EDUARDO
11690 QUAIL ROOST DR.
MIAMI, FL 33157-6530

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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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000517406
05/01/06-80043-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MORENO, A.
STREET ADDRESS	3831 SW 132 COURT
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	S
NAME	ATIENZA, E.
STREET ADDRESS	9240 SW 84 STREET
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	VP
NAME	FOLGUEIRA, BASILIO
STREET ADDRESS	745 BENVENTED AVENUE
CITY-ST-ZIP	MIAMI, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Antonio Moreno Antonio Moreno 4/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #