

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90006 026 ***150.00

DOCUMENT # V63767

1. Entity Name

"Q" CONSTRUCTION, INC.



Principal Place of Business

2700 GLADES CIRCLE
SUITE 125
WESTON FL 33327
US

Mailing Address

2700 GLADES CIRCLE
SUITE 125
WESTON FL 33327
US

2. Principal Place of Business

1966 Timberlane Rd
Suite, Apt. #, etc.

3. Mailing Address

1966 Timberlane Rd
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Weston FL
33327 Dnoverd

City & State

Weston FL
33327 PM

4. FEI Number

59-3142785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIPIETRO, MARIO
1966 TIMBERLANE ROAD
WESTON FL 33327

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

3/10/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME DIPIETRO, MARIO ☐ Delete
STREET ADDRESS 1966 TIMBERLANE ROAD
CITY-ST-ZIP WESTON FL 33327

TITLE DV
NAME DONVITO, DAVID ☐ Delete
STREET ADDRESS 7326 NW 47TH PL
CITY-ST-ZIP LAUDERHILL FL

TITLE S
NAME DIPIETRO, MARIO ☐ Delete
STREET ADDRESS 1966 TIMBERLANE ROAD
CITY-ST-ZIP WESTON FL 33327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04

Date

954-3060505

Daytime Phone #