


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000005105
 1. Entity Name
 QUOTA INTERNATIONAL OF PLANTATION, INC.



Principal Place of Business 7004 NW 79 ST. TAMARAC, FL 33321	Mailing Address 7004 NW 79 ST. TAMARAC, FL 33321
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DO NOT WRITE IN THIS SPACE



02032004 No Chg-NP CR2E037 (10/03)

4. FEI Number 52-1973460	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
 NAIDUS, CLAUDIA
 7004 NW 79 ST.
 TAMARAC, FL 33321

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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)

Filing Fee is \$61.25
Due by May 1, 2004

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

000000034386
 03/22/04-80056-006 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEUTHER, DONNA 2000 NW 106 AVE HOLLYWOOD, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VESEL, MARY 341 NORMANDY DRIVE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OVERBY, MARGARET 16635 SW 148 AVE. MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VLAZNY, DARLENE 680 SW 75 TERR PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARNER, LAURA 11217 NW 12 CT CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHMELZER, JUDY 18916 NW 10 ST PEMBROKE, FL 33029

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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 617, 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: Laura Warner / Treasurer 3.19.04 954-851-7294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #