

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90046 046 ****61.25

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01312005 Chg-NP CR2E037 (10/03)

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		
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 52-1973460				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NAIDUS, CLAUDIA 7004 NW 79 ST. TAMARAC, FL 33321			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEUTHER, DONNA			NAME	
STREET ADDRESS	2000 NW 106 AVE			STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33026			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VESEL, MARY			NAME	
STREET ADDRESS	341 NORMANDY DRIVE			STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC, FL 32903			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVERBY, MARGARET			NAME	
STREET ADDRESS	16635 SW 148 AVE.			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33187			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VLAZNY, DARLENE			NAME	
STREET ADDRESS	680 SW 75 TERR			STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33317			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNER, LAURA			NAME	
STREET ADDRESS	11217 NW 12 CT			STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMELZER, JUDY			NAME	
STREET ADDRESS	18916 NW 10 ST			STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE, FL 33029			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)(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: <i>Laura A. Warner</i>				Date: 2.5.05 954.851.7294	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	
Laura A. Warner, Treasurer					