


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90026 048 ****61.25

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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01162006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
52-1973460

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$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** Delete
 NAME **BEUTHER, DONNA**
 STREET ADDRESS **2000 NW 106 AVE**
 CITY-ST-ZIP **HOLLYWOOD, FL 33026**

TITLE **D** Change Addition
 NAME **WOJCIECHOWSKI, MARYANN**
 STREET ADDRESS **1096 NW 85 AVENUE**
 CITY-ST-ZIP **PLANTATION, FL 33322**

TITLE **D** Delete
 NAME **VESEL, MARY**
 STREET ADDRESS **341 NORMANDY DRIVE**
 CITY-ST-ZIP **INDIALANTIC, FL 32903**

TITLE **VD** Change Addition
 NAME **STEINMULLER, MARILYN**
 STREET ADDRESS **1233 NW 113 TERRACE**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **SD** Delete
 NAME **OVERBY, MARGARET**
 STREET ADDRESS **16635 SW 148 AVE.**
 CITY-ST-ZIP **MIAMI, FL 33187**

TITLE **SD** Change Addition
 NAME **NAIDUS, CLAUDIA**
 STREET ADDRESS **7004 NW 79 STREET**
 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **PD** Delete
 NAME **VLAZNY, DARLENE**
 STREET ADDRESS **680 SW 75 TERR**
 CITY-ST-ZIP **PLANTATION, FL 33317**

TITLE **TD** Change Addition
 NAME **CAROLYN ZEBER, CAROLYN**
 STREET ADDRESS **1600 NE 49 STREET**
 CITY-ST-ZIP **OAKLAND PARK, FL 33334**

TITLE **TD** Delete
 NAME **WARNER, LAURA**
 STREET ADDRESS **11217 NW 12 CT**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **D** Change Addition

TITLE **VD** Delete
 NAME **SCHMELZER, JUDY**
 STREET ADDRESS **18916 NW 10 ST**
 CITY-ST-ZIP **PEMBROKE, FL 33029**

TITLE **PD** Change Addition

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 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: CAROLYN ZEBER TD, Carolyn E Ziber **1-16-06** **954-771-8997**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #