



# 2006 NOT-F R-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 05, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N03000007292	
1. Entity Name Q-TEDDY BEAR FOUNDATION OF FLORIDA, INC.	

Principal Place of Business 111 NORTHEAST 1ST STREET FOURTH FLOOR MIAMI, FL 33132	Mailing Address 111 NORTHEAST 1ST STREET FOURTH FLOOR MIAMI, FL 33132
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DO NOT WRITE IN THIS SPACE

	
08212006 No Chg-NP	CR2E037 (4/06)
4. FEI Number 20-0194853	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  LEVINSON, MARC R MIAMI CENTER, SUITE 2400 201 SOUTH BISCAYNE BLVD. MIAMI, FL 33131-4332	DO NOT WRITE IN THIS SPACE
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.	

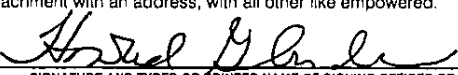
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
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Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. QUIROS, ARIEL I PRES. 111 NE 1ST STREET, 4TH FLOOR MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. ANDERS, HOWARD G TREAS 111 NE 1ST STREET, 4TH FLOOR MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. AMDUR, ALAN I DIR 111 NE 1ST STREET, 4TH FLOOR MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. KELLY, WILLIAM J SEC 111 NE 1ST STREET, 4TH FLOOR MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. CHOI, JONG WEON VICE CH 111 NE 1ST STREET, 4TH FLOOR MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS. WON, MOUNG HEE CH 111 NE 1ST STREET, 4TH FLOOR MIAMI, FL 33132

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U000000575945  
09/05/06-80002-011 61.25

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: 	Date: 9/1/06 Daytime Phone #: 305-579-9911
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	