2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 04, 2004 8:00 am Secretary of State

 Entity Nam 	e AI⊡M I # 50300011092			02-04-2004 90090 031 ***150.00
QUEEN T	EES, INC.	,,,, e		02-04-2004 90090 031 130.00
Principal Plac	e of Business	Mailing Address		
P.O. BOX 32 TAMPA FL 3		P.O. BOX 320818 TAMPA FL 33679		NIGOTIAG
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2. Principal P	lace of Business (UIDYPAHU T5/05	3. Mailing Address BOK	320818	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
City & State	po, the	City & State	, FL.	4. FEI Number Applied For Not Applicable
020	33629 USA	33479	Country USA	5. Certificate of Status Desired See Required Fee Required
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent
Name				
WEISS, PORTIA 1110 CULBREATH ISLES DRIVE NORTH TAMPA FL 33629			Street Address	(P.O. Box Number is Not Acceptable)
			City	FL Zip Code
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept
	Harty House			
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signature requi	ed when reinstating) DATE
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.00 c Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	Part and the second sec	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	<u> </u>		
NAME	MICIOC BORTIA	Delete	TITLE	☐ Change ☐ Addition [
	WEISS, PORTIA	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS	P.O. BOX 320818	∟ Deleţe	NAME : Street address	☐ Change ☐ Addition
CITY-ST-ZIP	P.O. BOX 320818 TAMPA FL 33679		NAME STREET ADDRESS CITY-SI-ZIP	
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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)(i). Florida Statutes. I further certify that the information indicated on this report or supplier lental 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 of 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

1/23/04 8/3629/85