2004 FOR PROFIT CORPORATION

FILED Apr 07 2004 08:00 AM

ANNUAL REPORT					Secretary of State			
DOCUMENT # P97000058895 1. Entity Name					Secret	ary of S	state	
QUIET TE	ECHNOLOGY BAC 1-11, INC.	6.						
Principal Plac	e of Business	failing Address	·	1				
12845 NW 4 OPA LOCKA,	IS AVE	12845 NW 45 AVE OPA LOCKA, FL 33054						
		<u>** * * * * *</u>	· · · · · · · · · · · · · · · · · · ·					
DO NOT WRITE IN THIS SPA			CE	04022004 4. FEI Numb	No Chg-P	CR2E034 (1	(V03) Applied For	
				65-076			Not Applicable	
				5. Certificate	of Status Desired	□ \$8.7 Fee F	5 Additional lequired	
6. Name and Address of Current Registered Agent								
FINE, BARRY H 12845 NW 45 AVE OPA LOCKA, FL 33054				DO	NOT W	RITE		
			IN THIS SPACE					
				11.4		ACL		
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.								
	ions or registered agent.							
SIGNATURE Signature, typed or priviled marrie of registered agent and title it applicable (NOTE. Registere			od Agent signature require	đ when reinstating)		DATE	<u> </u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				\$5.00 May 8e 04/07/04-80025-006 150.00				
10.	OFFICERS AND DIRE	CTORS	1					
TITLE	D CENTANDO		1					
NAME STREET ADDRESS	BIRBRAGHER, FERNANDO 12845 NW 45 AVENUE							
CITY-ST-ZIP	OPA LOCKA, FL 33054	<u> </u>						
TITLE NAME								
STREET ADDRESS								
CHY-SI-ZIP		<u> </u>	ł					
NAME			i					
STREET ADDRESS CITY - S1 - ZIP				DO NOT WRITE				
TOTLE MANÉ STREET ADDRESS			IN THIS SPACE					
							CITY-ST-ZIP	
TITLE NAME	-							
STREET ADDRESS			I					

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 daits; that I am an officer or director of the corporation or the receiver or trustee empoyed 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:

CRTY-ST-ZIP THLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR