


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90006 039 ***150.00

□□□□□□□□□□ P97000068672 1. Entity Name QUANTUM INSURANCE GROUP, INC.	
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Principal Place of Business 5740 HOLLYWOOD BLVD SUITE 104 HOLLYWOOD, FL 33021 US	Mailing Address 5740 HOLLYWOOD BLVD SUITE 104 HOLLYWOOD, FL 33021 US
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04040906

DO NOT WRITE IN THIS SPACE



01132004 □□□□□□ □□□□□□□□□□

4. FEI Number 65-0773695	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 □□□□□□□□ □□□□□□□□

6. Name and Address of Current Registered Agent

VENTRY, LYNNE S K ESQ
 185 NW SPANISH RIVER BLVD STE 290
 BRYANT, FL 33439

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 □□□□□□
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD QUIJANO, VICTOR H 6751 NW 193RD LANE MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - 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 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 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]* Date: 4/1/04 Daytime Phone #: 954-982-6580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR