


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000083932	
1. Entity Name QUOTA LICENSE LENDERS, INC.	

Principal Place of Business 3000 ISLAND BLVD. UNIT 401 WILLIAMS ISLAND, FL 33160	Mailing Address 3000 ISLAND BLVD. UNIT 401 WILLIAMS ISLAND, FL 33160
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DO NOT WRITE IN THIS SPACE



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0797728	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHADROFF, SY 3000 ISLAND BLVD. UNIT 401 WILLIAMS ISLAND, FL 33160

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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</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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	D CHADROFF, JOYCE 300 ISLAND BLVD. WILLIAMS ISLAND, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHADROFF, JOYCE 3000 ISLAND BLVD. WILLIAMS ISLAND, FL 33160
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02/04/04-80144-014 150.00

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: <i>Joyce Chadroff</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Joyce Chadroff	1-30-04	305 582 6595
		Date	Daytime Phone #