
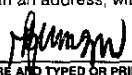


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90239 012 ***150.00

DOCUMENT # P99000099096 1. Entity Name HQ REALTY PHILIPPINES, INC.					
Principal Place of Business 227 NE 2ND STREET GROUND FLOOR MIAMI, FL 33132		Mailing Address 227 NE 2ND STREET GROUND FLOOR MIAMI, FL 33132			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0962254	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent QUIANZON, RICARDO D 1441 NW 19TH ST #134 MIAMI, FL 33125				7. Name and Address of New Registered Agent Name (SAME) Street Address (P.O. Box Number is Not Acceptable) 508 NE 195 ST. City MIAMI FL Zip Code 33179	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LEON, ERNESTO <input checked="" type="checkbox"/> Delete 1011 N.W.11TH AVENUE MIAMI, FL 33136		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P QUIANZON, RICARDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 508 NE 195 TH ST MIAMI FL 33179	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUIANZON, RICARDO <input type="checkbox"/> Delete 680 NE 64TH ST PHA-4 MIAMI, FL 33138		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUIANZON, EMERITA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 508 NE 195 TH ST MIAMI FL 33179	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUIANZON, EMERITA L <input type="checkbox"/> Delete 680 NE 64TH ST P-4 MIAMI, FL 33138		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  RICARDO QUIANZON 4/26/04 (786) 425 1944 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

14011239



03102004 Chg-P CR2E034 (10/03)