2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000050235

1. Entity Name
QUANTUM BIOENGINEERING, INC.

Principal Place of Business	Mailing Address
201 N. UNIVERSITY DRIVE SUITE 101 PLANTATION, FL 33324	2 S BISCAYNE BLVD. SUITE 3400 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

02012008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0879100		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GY CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BLVD.
SUITE 3400
MIAMI, FL 33131

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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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MENA, RAUL R
STREET ADDRESS	201 N UNIVERSITY DRIVE STE 101
CITY-ST-ZIP	PLANTATION, FL 33324

TITLE	SD
NAME	MENA, SARA
STREET ADDRESS	201 N UNIVERSITY DRIVE STE 101
CITY-ST-ZIP	PLANTATION, FL 33324

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ SARA MENA _____ 4-23-08 (754) 474-6707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #