

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Sep 06, 2005 08:00 AM
Secretary of State

DOCUMENT # 676369

1. Entity Name

QUINTUS COMMUNICATIONS GROUP, INC.



Principal Place of Business

104 SORDANELLO
STE 424

KEY BISCAYNE, FL 33149 US

Mailing Address

P.O. BOX 943

KEY BISCAYNE, FL 33149 US



09062005

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-2016563

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NATIONAL REGISTERED AGENTS, INC.
501 BRICKELL KEY DRIVE #602
MIAMI, FL 33131

**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

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SOLER, ANA P 120 BUTTONWOOD KEY BISCAYNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOLER, FRANK R 120 BUTTONWOOD KEY BISCAYNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000377598
09/07/05-80006-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Frank Soler FRANK SOLER 9/5/05 305-444-5678