

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90055 046 ***150.00

DOCUMENT # F01000004216					
1. Entity Name C Q INVESTMENT CORP.					
Principal Place of Business SUNRISE PROFESIONAL BLDG 2500 N UNIVERSITY DR FORT LAUDERDALE, FL 33322			Mailing Address F-3 E. STREET HACIENDAS DEL MOUTE COTO LAUREL, PR 00780		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 66-0591469	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAUFFMAN, RONALD 100 SE 2ND ST., STE 2700 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P CONWAY, JOHN F-3 E STREET HACIENDAS DEL MONTE COTO LAUREL, PR 00780		TITLE NAME STREET ADDRESS CITY-ST-ZIP	7020 Paseo La Fortuna (All else stays same)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONWAY, CHARLES URB LA ARBOLEDA D-4 PINO DEL RIO GUAYNABO, PR 00966		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONWAY, MARY 37 GARDEN MEADOW, GARDEN HILLS GUAYNABO, PR 00966		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: _____			4/3/05 (787) 402-4058 Date Daytime Phone #		