2004 FOR PROFIT CORPORATION ANNUAL REPORT

CITY - ST - ZIP

changed, or on an attachme

SIGNATURE:

Apr 28, 2004 08:00 AM Secretary of State **DOCUMENT # H96644** C.Q.R.U. ENTERPRISES, INC. Principal Place of Business Mailing Address % FRANKLIN D. GREENMAN % Franklin D. Greenman 5800 OVERSEAS HWY., STE. 40 5800 OVERSEAS HWY,,STE.40 MARATHON, FL 33050 MARATHON, FL 33050 04202004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2712835 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GREENMAN, FRANKLIN D. DO NOT WRITE 5800 OVERSEAS HWY., STE. 40 MARATHON, FL 33050 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 reinstalling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. U00000134581 Added to Fees /28/04 00024 016 150.00 OFFICERS AND DIRECTORS 10. PD TITLE NAME SPARROW, RICHARD STREET ADDRESS PO BOX 500261 MARATHON, FL 33050 CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - \$1 - ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby 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 deport 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 by execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if

SIGNATURE AND TYPE OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daylime Phone: