


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L46786

1. Entity Name
M S DE Q, INC.



Principal Place of Business
**18 BAYWOOD DR
 PALM HARBOR, FL 34683 US**

Mailing Address
**3225 S MACDILL AVE
 SUITE #129-237
 TAMPA, FL 33629 US**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2994904 Applied For Not Applicable


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

6. Name and Address of Current Registered Agent

**SOROTA, JOSEPH J JR.
 28100 US HWY. 19 NORTH
 STE. 504
 CLEARWATER, FL 34621**

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  DATE **1/8/04** *No change*

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE QUESADA, ALEJANDRO 3435 BAYSHORE BLVD #2100 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIRES, DANA L MD 409 BAYSHORE BLVD TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STOCKMAN, JOHN 18 BAYWOOD DRIVE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000001820
 01/12/04-80026-019 150.00

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:  DATE **1/8/04** *813-244-8444*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR