

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L46786

Entity Name: M S DE Q, INC.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

18 BAYWOOD DR
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2994904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOROTA, JOSEPH J JR.
29750 US HWY 19 NO. TH
STE. 200
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DE QUESADA, ALEJANDRO
Address: 3435 BAYSHORE BLVD #2100
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: SHIRES, DANA L MD
Address: 409 BAYSHORE BLVD
City-St-Zip: TAMPA, FL 33606

Title: ST () Delete
Name: STOCKMAN, JOHN
Address: 18 BAYWOOD DRIVE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEJANDRO DE QUESADA

P

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date