

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90020 045 ***158.75

DOCUMENT # L67314
 1. Entity Name
 QUAD RENTING, INC.



Principal Place of Business
 12108 N 56TH STREET
 3 & 5
 TAMPA, FL 33617

Mailing Address
 % HEIDI BEKIEMPIS
 12108 N 56TH ST #3&5
 TAMPA, FL 33617 US

40018656



2. Principal Place of Business
 2901 W. Bosch Blvd #

3. Mailing Address
 2901 W. Bosch Blvd

Suite, Apt. #, etc.
 #901

Suite, Apt. #, etc.
 901

01112005 Chg-P CR2E034 (10/03)

City & State
 Tampa Florida

City & State
 Tampa FL

Zip
 33618

Country
 U.S.A.

Zip
 33618

Country
 U.S.A

4. FEI Number
 59-3003882

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 BEKIEMPIS, VINCENT
 12108 N 56TH ST
 SUITE #3&5
 TAMPA, FL 33617

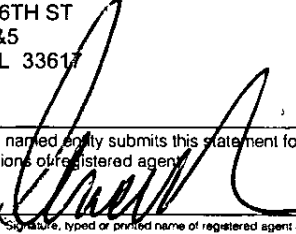
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 2901 W. Bosch Blvd #901

City Tampa FL FL Zip Code 33618

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 a registered agent.

SIGNATURE:  Vincent Bekiempis DATE: 1/20/05

(NOTE: Registered Agent signature required when reinstating)

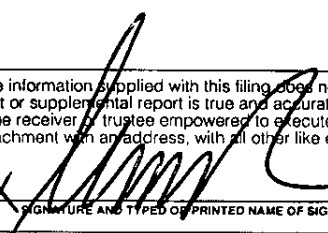
FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEKIEMPIS, HEIDI 12108 N 56TH ST TAMPA, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEKIEMPIS, VINCENT 12108 N 56TH ST TAMPA, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2901 W. Bosch Blvd #901 Tampa FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2901 West Bosch Blvd #901 Tampa FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Vincent Bekiempis (813) 915-9127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #