


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90561 008 \*\*\*150.00

<b>DOCUMENT # M43393</b>	
<b>1. Entity Name</b> J.Q.S. INVESTMENT CORP.	

<b>Principal Place of Business</b> 780 N.W. 42ND AVE #621 MIAMI FL 33126	<b>Mailing Address</b> 780 N.W. 42ND AVE SUITE 422 MIAMI FL 33126
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**24054789**



MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 59-2748627	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ARSDALE VAN, SUSANA 9330 NW 53 CT SUNRISE FL 33351	
<b>7. Name and Address of New Registered Agent</b> Name: <u>Susana Van Arsade</u> Street Address (P.O. Box Number is Not Acceptable): <u>10644 NW 48 CT</u> City: <u>Coral Springs</u> FL Zip Code: <u>33076</u>	

**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** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> PD	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> QUINTANA, SILVIA		<b>STREET ADDRESS</b> 720 NW 42 AVE #422	
<b>STREET ADDRESS</b> 9330 NW 53 CT		<b>CITY-ST-ZIP</b> Miami, FL 33126	
<b>CITY-ST-ZIP</b> SUNRISE FL 33351			
<b>TITLE</b> SD	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> QUINTANA, JESUS		<b>STREET ADDRESS</b> 720 NW 42 AVE #422	
<b>STREET ADDRESS</b> 9330 NW 53 CT		<b>CITY-ST-ZIP</b> Miami, FL 33126	
<b>CITY-ST-ZIP</b> SUNRISE FL 33351			
<b>TITLE</b> TD	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> ARSDALE VAN, SUSANA		<b>STREET ADDRESS</b> 720 NW 42 AVE #422	
<b>STREET ADDRESS</b> 9330 NW 53 CT		<b>CITY-ST-ZIP</b> Miami, FL 33126	
<b>CITY-ST-ZIP</b> SUNRISE FL 33351			
<b>TITLE</b> VP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> QUINTANA, JUAN C		<b>STREET ADDRESS</b> 720 NW 42 AVE #422	
<b>STREET ADDRESS</b> 9330 NW 53 CT		<b>CITY-ST-ZIP</b> Miami, FL 33126	
<b>CITY-ST-ZIP</b> SUNRISE FL 33351			
<b>TITLE</b> VPD	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> QUINTANA, JAMES		<b>STREET ADDRESS</b> 720 NW 42 AVE #422	
<b>STREET ADDRESS</b> 9330 NW 53 CT		<b>CITY-ST-ZIP</b> Miami, FL 33126	
<b>CITY-ST-ZIP</b> SUNRISE FL 33351			
<b>TITLE</b> VPD	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> QUINTANA, JOHN		<b>STREET ADDRESS</b> 720 NW 42 AVE #422	
<b>STREET ADDRESS</b> 9330 NW 53 CT		<b>CITY-ST-ZIP</b> Miami, FL 33126	
<b>CITY-ST-ZIP</b> SUNRISE FL 33351			

**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:** S.M. Van Arsade **4/15/04** **(954) 341-1640**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**