
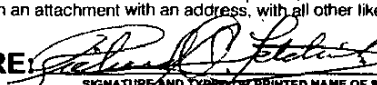


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90432 024 ****70.00

DOCUMENT # N02000003561					
1. Entity Name QUOTA INTERNATIONAL OF CORAL SPRINGS/PARKLAND, INC.					
Principal Place of Business C/O RICHARD A. FETCHIK, SR. 7589 DOWNSWIND LANE LAKE WORTH, FL 33467			Mailing Address C/O RICHARD A. FETCHIK, SR. 7589 DOWNSWIND LANE LAKE WORTH, FL 33467		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0580144	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FETCHIK, RICHARD A SR. 7589 DOWNSWIND LANE LAKE WORTH, FL 33467			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME GETTEN, RADCIFFE STREET ADDRESS 3867 NW 77TH AVE CITY-ST-ZIP SUNRISE, FL 33351	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME JOHNSON, CAROL STREET ADDRESS 9333 SW 3RD STREET CITY-ST-ZIP BOCA RATON, FL 33428	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HURD, CINDY A STREET ADDRESS 11877 CLASSIC DRIVE CITY-ST-ZIP CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME FETCHIK, RICHARD A STREET ADDRESS 7589 DOWNSWINDS LANE CITY-ST-ZIP LAKE WORTH, FL 33467	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME MAMONE, ANNA GRACE STREET ADDRESS 1960 AUGUSTA TERRACE CITY-ST-ZIP CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Delete		TITLE SD NAME SHARON DOTSON STREET ADDRESS 11262 NW 15th STREET CITY-ST-ZIP CORAL SPRINGS, FL 33071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME RUHANA, DYAN L STREET ADDRESS 11000 NORTHWEST 26TH PLACE CITY-ST-ZIP SUNRISE, FL 33323	<input type="checkbox"/> Delete		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 exemptions contained 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 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 617, 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 			RICHARD A. FETCHIK		4-25-07 561-963-6966
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #