


2006 NOT-F R-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000007292

1. Entity Name
 Q-TEDDY BEAR FOUNDATION OF FLORIDA, INC.



Principal Place of Business
 111 NORTHEAST 1ST STREET
 FOURTH FLOOR
 MIAMI, FL 33132

Mailing Address
 111 NORTHEAST 1ST STREET
 FOURTH FLOOR
 MIAMI, FL 33132

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08212006 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0194853	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINSON, MARC R
 MIAMI CENTER, SUITE 2400
 201 SOUTH BISCAYNE BLVD.
 MIAMI, FL 33131-4332

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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 September 6, 2006

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	MR. QUIROS, ARIEL I PRES. 111 NE 1ST STREET, 4TH FLOOR MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. ANDERS, HOWARD G TREAS 111 NE 1ST STREET, 4TH FLOOR MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. AMDUR, ALAN I DIR 111 NE 1ST STREET, 4TH FLOOR MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. KELLY, WILLIAM J SEC 111 NE 1ST STREET, 4TH FLOOR MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. CHOI, JONG WEON VICE CH 111 NE 1ST STREET, 4TH FLOOR MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS. WON, MOUNG HEE CH 111 NE 1ST STREET, 4TH FLOOR MIAMI, FL 33132

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 09/05/06-80002-011 61.25

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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: Howard G Anders 9/1/06 305-579-9911

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