2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011324

Aug 02, 2009 Secretary of State

FILED

Entity Name: QUOTA INTERNATIONAL OF BOCA DELRAY INC

Current Principal Place of Business: New Principal Place of Business:

7135 DEMEDICI CIRCLE DELRAY BEACH, FL 33446

Current Mailing Address: New Mailing Address:

7135 DEMEDICI CIRCLE DELRAY BEACH, FL 33446

FEI Number: 26-3545566 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DE JONG, SUSAN 7135 DEMEDICI CIRCLE DELRAY BEACH, FL 33446 US

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete DE JONG, SUSAN DE JONG, SUSAN Name: Name:

7135 DEMEDICI CIRC LE Address: 7135 DEMEDICI CIRC LE Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: DELRAY BEACH, FL 33446

Title: () Delete Title: (X) Change () Addition

Name: RICHEY, KAREN Name: KEARNS, GERALDINE Address: 7909 MANOR FOREST LANE Address: 1730 S. FEDERAL HWY City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: DELRAY BEACH, FL 33483

Title: TRS () Delete Title: () Change () Addition

THOMAS, MARY Name: Name: Address: 2735 SW 2ND ST Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip:

(X) Change () Addition Title: SECY () Delete Title: SECY

Name: KEARNS, GERALDINE Name: CIPOLLA, SUEANN 9855 GOLDENROD DRIVE Address: 1730 S. FEDERAL HWY Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: BOYTON BEACH, FL 33437

Title: () Delete Title: () Change (X) Addition

ARDILA, NICOLETTE Name: Name: 8665 ESCONDIDO WAY E. Address: Address: City-St-Zip: City-St-Zip: BOCA RATON, FL 33433

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN DE JONG **PRES** 08/02/2009