



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90121 021 ***150.00

DOCUMENT # P00000008343 1. Entity Name Q & K PROPERTIES, INC.					
Principal Place of Business 1665 WEST 9 STREET BROOKLYN, NY 11223			Mailing Address 1665 WEST 9 STREET BROOKLYN, NY 11223		
2. Principal Place of Business Suite, Apt # etc. 84 MULBERRY ST, 2C City & State NEW YORK NY Zip 10013		3. Mailing Address Suite, Apt. # etc. 84 MULBERRY-ST, 2C City & State NEW YORK NY Zip 10013			
4. FEI Number 59-3645843		Applied For <input type="checkbox"/> Not Applicable		06292005 Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent QUACH, JUDY H 3224 HUNTERS CHASE LOOP KISSIMMEE, FL 34743			7. Name and Address of New Registered Agent Name QUACH, JUDY H Street Address (P.O. Box Number is Not Acceptable) 9933 CHARDONNAY DR City ORLANDO FL Zip Code 32832-5609		
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 _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAM, CINDY 3224 HUNTERS CHASE LOOP KISSIMMEE, FL 34743 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAM, CINDY 9933 CHARDONNAY DR. ORLANDO, FL 32832-5609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUACH, JUDY H 3224 HUNTERS CHASE LOOP KISSIMMEE, FL 34743 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUACH, JUDY H 9933 CHARDONNAY DR. ORLANDO, FL 32832-5609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: X <u>LAM, CINDY</u> <u>6/30/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					