2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2004 08:00 AM Secretary of State

DOCUMENT # P00000011281 1. Entity Name P.D.Q. TRANS SALES, INC.				Secretary of State			
Principal Place 1808 FAIRW JUPITER, FL	AY DR. SO.	Mailing Address 1808 FAIRWAY DR. SO. JUPITER, FL 33477					
DO NOT WRITE IN THIS SPA			~-	02032004	No Chg-P	CR2E034	(10/03)
			CE	4. FEI Numb 22-370			Applied For Not Applicable
				5. Certificate	of Status Desired		.75 Additional Required
Name and Address of Current Registered Agent						1000 to 1000 t	·· ····· .
POLISEO, DOROTHY 1808 FARIWAY DRIVE SOUTH JUPITER, FL 33477			DO NOT WRITE				
				IN	THIS SP	ACE	
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							
Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered			ed Agent signature require	ed when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Final Trust Fund Contribution.		5.00 May Be ded to Fees	U00000 02/09/04-)040365 -80045-0(ns (so.oo
10. OFFICERS AND DIRECTORS		RECTORS			-		
NAME STREET ADDRESS CITY-ST-ZIP	D POLISEO, DOROTHY 1808 FAIRWAY DR., SOUTH JUPITER, FL 33477						
TITLE NAME STREET ADDRESS GITY-ST-ZIP					- -		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SF	PACE	
TITLE NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filling 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: Dorothy Poliseo

CITY-ST-ZIP TITLE MARKE STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

2/2/04

561-575-7356

Daytime Phone #