2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2007 8:00 am Secretary of State 04-27-2007 90193 047 ***150.00

DOCUI 1. Entity Nam Q SQUAF	е	P00000020	126			The state of the s		90193 047 ***15	50.00	
Principal Place	e of Business		Mailing Address			400	01110			
,	RREAL DE AVIL	A	16223 VILLARREAL DE AVILA TAMPA, FL 33613							
2. Principal Pl	lace of Business	- No P.O. Box#	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04202007	Chg-P	CR2E034 (12/06)		
City & State			City & State			4. FEI Numb 59-362			plied For t Applicable	
Zip	Country		Zip Cou		try	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and	Address of Current	Registered Agent		7. Name and Address of New Registered Agent					
QUIGLEY.	JAMES M	" <u>'≥</u> ••			Name Sandra J. Quigley					
16223 VILLARREAL DE AVILA TAMPA, FL 33613					Street Address (P.Q. Box Number is Not Acceptable) 10223 Villarreal De Avila					
; ·										
,					City Tampa FL 3'35Code3					
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 Sandra J. Quigley Signature, typed or printed name of registered agent and little if apphicable. (NOTE: Registered Agent signature required when reinstalling) DATE									07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.		OFFICERS AND	DIRECTORS	11.			/CHANGES TO OFF!	CERS AND DIRECTORS	S IN 11	
TITLE .	PD		gr 🔼 De		: P			X Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	QUIGLEY, JA 16223 VILLAI TAMPA, FL	RREĄĹ DE AVILA	·,		E S. ET ADDRESS 1 -SI-ZIP T	andra J 6223 Vii ampa, Fl	Quigley llarreal 33613	De Avila		
TITLE	SVPD 27		☐ Delete T		: -			☐ Change	Addition	
NAME	LEONE, FRANK A 40 KNOLLWOOD ROAD		NA CY		- J					
STREET ADDRESS CITY-ST-ZIP	l				ET ADDRESS -ST-ZIP					
TITLE	EAST HARTFORD, CT 06118 TD □ Delete							☐ Change	☐ Addition	
NAME	MANDEL, STEVE			elete TITLI NAM				(onengo	L. J. Modillon	
STREET ADDRESS	16405 ZURRAQUIN DE AVILA SI			ET ADDRESS						
CITY-ST-ZIP	TAMPA, FL 33613 CIT				-ST-ZIP					
TITLE			□ De					☐ Change	Addition	
NAME STREET ADDRESS	NA ST			ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP					
TITLE			□ Q _€	elete TITU	E			☐ Change	Addition	
NAME	NAP			E						
STREET ADDRESS CITY-\$1-ZIP					ET ADDRESS - ST- ZIP					
TITLE			□ 0e					☐ Change	Addition	
NAME			— • • •	NAM						
STREET ADDRESS			■ *		ET ADDRESS					
CITY-ST-ZIP	L				-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 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.										

FRINTED NAME OF BIDNING OFFICER OR DIRECTOR

Secretary 4/20/07 (860)528-2145