

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000082526

FILED
Dec 18, 2007
Secretary of State**Entity Name:** B-QUAD COMMUNICATIONS CORP.**Current Principal Place of Business:**13701 N KENDALL DRIVE
SUITE 306
MIAMI, FL 33186**New Principal Place of Business:****Current Mailing Address:**13701 N KENDALL DRIVE
SUITE 306
MIAMI, FL 33186**New Mailing Address:****FEI Number:** 65-1033862 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BULLIS, KARY J CFO
13701 N KENDALL DRIVE
SUITE 306
MIAMI, FL 33186 US**Name and Address of New Registered Agent:**

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**OFFICERS AND DIRECTORS:****Title:** PD () Delete
Name: BARROS, PEDRO
Address: 14001 SW 100 AVE
City-St-Zip: MIAMI, FL 33176**Title:** S () Delete
Name: BULLIS, KARY J
Address: 15960 SW 77 ST
City-St-Zip: MIAMI, FL 33193**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SD (X) Change () Addition
Name: BULLIS, KARY J
Address: 15960 SW 77 ST
City-St-Zip: MIAMI, FL 33193**Title:** D () Change (X) Addition
Name: FERNANDEZ, MARIA L
Address: 14001 SW 100 AVE
City-St-Zip: MIAMI, FL 33176**Title:** D () Change (X) Addition
Name: LIZCANO, JORGE V
Address: 3161 SW 149 AVE
City-St-Zip: MIAMI, FL 33185

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

SIGNATURE: KARY BULLIS

SD

12/18/2007

Electronic Signature of Signing Officer or Director_____
Date