2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000113714

T. Entity Name QRF ENGINEERING INC.

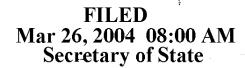
Principal Place of Business

501 CLEMENTS ROAD W SUITE 1 AJAX ONTARIO L1S 7H4, Mailing Address

501 CLEMENTS ROAD W

SUITE 1

AJAX ONTARIO L1S 7H4,





5. Certificate of Status Desired

IN THIS SPACE

\$8.75 Additional

DO NOT WRITE IN THIS SPACE	02202004	No Chg-P	CR2E034 (10/03)
	4. FEI Number		Applied
	98-0343	3548	Not Appl

6. Name and Address of Current Registered Agent

REGISTERED AGENTS, INC.

DO NOT WRITE

ALHAMBRA REGISTERED AGENTS, INC. C/O KARP & GENAUER, P.A. 2 ALHAMBRA PLAZA - SUITE 1202 CORAL GABLES, FL 33134

		·		36. Fa	
8.	The above named entity submits this statement for the purpos	e of changing its registere	ed office or registered agent, o	or both, in the State of Florida.	am familiar with, and accept
	the obligations of registered agent				

SIGNATURE Signature, typed or printed name of registered agent and tilte if applicable (NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

18. OFFICERS AND DIRECTORS CCEO BRE NAME BEGGS, MARK O 70 CUMBERLAND LANE SUITE 508 STREET ADDRESS. 9E-12-YII3 AJAX ONTARIO, CN 11s 7k2 राहा ह STREET ADDRESS CITY-ST-ZIP TITLE NARAY STREET ADDRESS City-ST-ZIP TITLE MAKE STREET ADDRESS CUY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP NAME STREET ADDRESS

U00000096843 03/25/04-80013-017 150.00

DO NOT WRITE IN THIS SPACE

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 13 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

CITY-57-ZIP

SIGNAPIRE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Fel 23/04 905-428-4722