

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000087642

Entity Name: QUANTUM FOODS, INC.

FILED  
Jan 06, 2004  
Secretary of State

## Current Principal Place of Business:

6715 FAIRWAY COVE  
ORLANDO, FL 32835

## New Principal Place of Business:

## Current Mailing Address:

6715 FAIRWAY COVE  
ORLANDO, FL 32835

## New Mailing Address:

FEI Number: 59-3745916

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POTAMI, ROCCO  
6715 FAIRWAY COVE  
ORLANDO, FL 32835

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: POTAMI, ROCCO MR  
Address: 6715 FAIRWAY COVE  
City-St-Zip: ORLANDO, FL 32835

Title: S ( ) Delete  
Name: POTAMI, MARY BETH MRS  
Address: 6715 FAIRWAY COVE DR.  
City-St-Zip: ORLANDO, FL 32835 OR

Title: T ( ) Delete  
Name: POTAMI, ROCCO MR  
Address: 6715 FAIRWAY COVE DR  
City-St-Zip: ORLANDO, FL 32835 OR

Title: P ( ) Delete  
Name: POTAMI, ROCCO MR  
Address: 6715 FAIRWAY COVE DR  
City-St-Zip: ORLANDO, FL 32835 OR

Title: VP ( ) Delete  
Name: POTAMI, ROCCO MR  
Address: 6715 FAIRWAY COVE DR  
City-St-Zip: ORLANDO, FL 32835 OR

Title: O ( ) Delete  
Name: POTAMI, ROCCO MR  
Address: 6715 FAIRWAY COVE DR  
City-St-Zip: ORLANDO, FL 32835 OR

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROCCO POTAMI

MR.

01/06/2004

Electronic Signature of Signing Officer or Director

Date