

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90224 018 \*\*\*150.00

**DOCUMENT # P01000090839**



1. Entity Name  
**QUANTUM SOLUTIONS, INC.**

Principal Place of Business  
**10744 SW 88 STREET, NO. M-18  
MIAMI, FL 33176**

Mailing Address  
**10744 SW 88 STREET, NO. M-18  
MIAMI, FL 33176**

**14010433**



**DO NOT WRITE IN THIS SPACE**

04242004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1141567</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**COELHO, PEDRO  
10744 SW 88 STREET, NO. M-18  
MIAMI, FL 33176**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COELHO, PEDRO 10744 SW 88 STREET, NO. M-18 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LOBATO, DANIEL 10744 SW 88 STREET, NO. M-18 MIAMI, FL 33176
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:** *Adriana Lobato*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04/24/04* *3052712237*  
Date Daytime Phone #