2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000108263

Entity Name: GOLDEN QUEST INVESTMENT GROUP, INC.

FILED Apr 21, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

11359 LAKEVIEW DRIVE CORAL SPRINGS, FL 33071

Current Mailing Address: New Mailing Address:

11359 LAKEVIEW DRIVE 12616 BURNING TREE LANE CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071

FEI Number: 65-1152887 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MILES, LIDIA M
11359 LAKEVIEW DRIVE
CORAL SPRINGS, FL 33071

MILES, LIDIA M
12616 BURNING TREE LANE
CORAL SPRINGS, FL 33071

CORAL SPRINGS, FL 33071

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: LYDIA M MILES 04/21/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: () Change () Addition

 Name:
 QUIJANO, NICOLAS
 Name:

 Address:
 11359 LAKEVIEW DRIVE
 Address:

 City-St-Zip:
 CORAL SPRINGS, FL 33071
 City-St-Zip:

Title: VSD () Delete Title: VSD (X) Change () Addition

Name: MILES, LIDIA M Name: MILES, LYDIA M

Address: 11359 LAKEVIEW DRIVE Address: 12616 BURNING TREE LANE
City-St-Zip: CORAL SPRINGS, FL 33071
City-St-Zip: CORAL SPRINGS, FL 33071

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: LYDIA M MILES VSD 04/21/2004