2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am

Secretary of State
05-03-2004 91216 040 ***150.00

DOCUMENT # P02000017210 NDQ INTERNATIONAL, INC. **たまれののカエエ** Principal Place of Business Mailing Address 11021 N W 24TH STREET 11021 N W 24TH STREET CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04222004 CR2E034 (10/03) Cha-P Applied For City & State 4. FEI Number City & State 01-0607047 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEQUEVEDO, MITUEL Street Address (P.O. Box Number is Not Acceptable) 11021 N W 24TH STREET CORAL SPRINGS, FL 33065 Zip Code 3 3 06 / 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, if the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Change ☐ Addition TITLE ☐ Delete DEQUEVEDO, MIGUEL NAME NAME 11021 N W 24TH STREET STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change - Addition-TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CitY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP 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 people is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee impowered 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 apply ess, with all other like empowered. SIGNATURE

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR