

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000029884			
1. Entity Name QUADRANT CAPITAL GROUP, INC.			
Principal Place of Business 515 NORTH FLAGLER DRIVE SUITE 300P WEST PALM BEACH, FL 33401		Mailing Address 515 NORTH FLAGLER DRIVE SUITE 300P WEST PALM BEACH, FL 33401	
DO NOT WRITE IN THIS SPACE			
		04202006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 04-3631777	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARVEY, JEREMY G 515 NORTH FLAGLER DRIVE SUITE 300P WEST PALM BEACH, FL 33401		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 _____ Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000558242 05/17/06-80087-011 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVEY, JEREMY G 515 NORTH FLAGLER DRIVE #300P WEST PALM BEACH, FL 33401		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Jeremy G. Harvey</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>May 11/06</i> Daytime Phone #: <i>561-802-4163</i>	