

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90010 022 ***150.00

DOCUMENT # P02000064495

1. Entity Name
QUADFORE CORPORATION



Principal Place of Business
**1801 CLINT MOORE RD., STE. 100
BOCA RATON, FL 33487**

Mailing Address
**1801 CLINT MOORE RD., STE. 100
BOCA RATON, FL 33487**

54054578



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05122004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

02-0612845

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NASS, CORY B ESQ.
1801 CLINT MOORE RD., STE. 100
BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NASS, CORY
1801 CLINT MOORE RD., STE. 100
BOCA RATON, FL 33487** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALTERMAN, ERIC
1 UNION SQUARE SOUTH APT 20F
NEW YORK, NY 10003** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
RIVIERE, HERVE
4972 GARDEN DR
DELRAY BEACH, FL 33445** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
KASHIMBA, JARED
121 NW 28 STREET
GAINESVILLE, FL 32607** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CLARK, PETE
200 AZALEA AVE
SAINT AUGUSTINE, FL 32080** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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:

Cory B. Nass
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/04

Date

(561) 758-8884

Daytime Phone #