


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 01, 2004 8:00 am
Secretary of State


09-01-2004 90002 021 ***550.00

DOCUMENT # P02000113054	
1. Entity Name Q-FOODS, INC.	

Principal Place of Business PO BOX 211412 DAYTONA BCH SHORES FL 32115	Mailing Address PO BOX 211412 DAYTONA BEACH FL 32121
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2. Principal Place of Business 5000 S. Clyde Morris	3. Mailing Address 5000 S. Clyde Morris
Suite, Apt. #, etc. Suite 15	Suite, Apt. #, etc. Suite 15

City & State Port Orange, FL	City & State Port Orange, FL
Zip 32127	Zip 32127
Country USA	Country USA

	
MOORE	CR2E034 (4/04)
4. FEI Number 61-1430786	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARGRAVE, RANDOLPH E 3742 CARDINAL BLVD DAYTONA BCH SHORES FL 32115	
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7. Name and Address of New Registered Agent	
Name Anthony M. Giordano Jr.	
Street Address (P.O. Box Number is Not Acceptable) 307 Quaker Ridge Dr.	
City Daytona Beach	FL Zip Code 32119

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 <i>Anthony M. Giordano Jr.</i>	<i>Anthony M. Giordano Sr.</i>	DATE 8-30-2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME MARGRAVE, RANDOLPH E	
STREET ADDRESS 3742 CARDINAL BLVD	
CITY-ST-ZIP DAYTONA BEACH FL 32118	
TITLE ST	<input type="checkbox"/> Delete
NAME GIORDANO, ANTHONY JR	
STREET ADDRESS 307 QUAKER RIDGE DR	
CITY-ST-ZIP DAYTONA BCH FL 32119	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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>Anthony M. Giordano Jr.</i>	<i>Anthony M. Giordano Sr.</i>	DATE: 8-30-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 386-560-6980