2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000019740

Entity Name: ARQUE ENTERPRISES, INC.

FILED Apr 16, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

549 SUN RIDGE PLACE 1761 SETTING SUN LOOP

103 CASSELBERRY, FL 32707 US ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address: New Mailing Address:

549 SUN RIDGE PLACE 1761 SETTING SUN LOOP
103 CASSELBERRY, FL 32707 US

103 CASSELBERRY, FL 32707 US ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 42-1576063 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:

REHMAN, NABIL
549 SUN RIDGE PLACE
103

REHMAN, NABIL
1761 SETTING SUN LOOP
CASSELBERRY, FL 32707 US

103 CASSELBERRY, FL 32707 ALTAMONTE SPRINGS, FL 32714 US

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: NABIL REHMAN 04/16/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: REHMAN, NABIL Name: REHMAN, NABIL

Address: 549 SUN RIDGE PL STE 103 Address: 1761 SETTING SUN LOOP
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US City-St-Zip: CASSELBERRY, FL 32707 US

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

Name:QURESHI, SAADIA JName:QURESHI, SAADIA JAddress:549 SUN RIDGE PL STE 103Address:1761 SETTING SUN LOOPCity-St-Zip:ALTAMONTE SPRINGS, FL 32714 USCity-St-Zip:CASSELBERRY, FL 32707 US

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: NABIL REHMAN P 04/16/2004