2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000039880

City-St-Zip:

City-St-Zip:

Title:

Name: Address: BOGOTA, COLUMBIA,

UJUETA, ARMANDO

WESTON, FL 33327

() Delete

1036 SUNFLOWER CIRCLE

FILED May 17, 2006 Secretary of State

Entity Name: QUEST ASSOCIATES, INC. **Current Principal Place of Business: New Principal Place of Business:** 11200 NW 138 ST MEDLEY, FL 33178 **Current Mailing Address: New Mailing Address:** 11200 NW 138 ST MEDLEY, FL 33178 FEI Number: 14-1882056 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: DURAN, ALFREDO G 2601 S BAYSHORE DRIVE STE 1400 MIAMI, FL FL33133 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition NOVO, NESTOR Name: Name: NOVO, NESTOR 8061 NW 67 STREET 15180 SW 39TH STREET Address: Address: DAVIE, FL 33331 City-St-Zip: MIAMI, FL 33166 City-St-Zip: Title: Title: (X) Change () Addition () Delete CONVISSAR, MICHAEL CONVISSAR, MIKE Name: Name: 197 EAST BAYRIDGE DR 6552 NW 99TH AVENUE Address: Address: PARKLAND, FL 33076 City-St-Zip: WESTON, FL 33326 City-St-Zip: () Delete Title: (X) Change () Addition Title: SALCEDO-DAGA, HERNAN SALCEDO, HERNAN Name: Name: CALLE 72 #54-31 1036 SUNFLOWER CIRCLE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

WESTON, FL 33327

() Change () Addition

SIGNATURE: MICHAEL CONVISSAR V 05/17/2006