

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000039880

Entity Name: QUEST ASSOCIATES, INC.

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

11200 NW 138 ST
MEDLEY, FL 33178

New Principal Place of Business:

Current Mailing Address:

11200 NW 138 ST
MEDLEY, FL 33178

New Mailing Address:

FEI Number: 14-1882056 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DURAN, ALFREDO G
2601 S BAYSHORE DRIVE STE 1400
MIAMI, FL FL33133 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NOVO, NESTOR
Address: 15180 SW 39TH STREET
City-St-Zip: DAVIE, FL 33331

Title: V () Delete
Name: CONVISSAR, MICHAEL
Address: 6552 NW 99TH AVENUE
City-St-Zip: PARKLAND, FL 33076

Title: T () Delete
Name: SALCEDO, HERNAN
Address: 1036 SUNFLOWER CIRCLE
City-St-Zip: WESTON, FL 33327

Title: S () Delete
Name: UJUETA, ARMANDO
Address: 1036 SUNFLOWER CIRCLE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: MICHAEL CONVISSAR

V

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date