


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90058 021 ***150.00

DOCUMENT # P03000078182 1. Entity Name QUANTUM AVIATION, INC.																											
Principal Place of Business 12355 SW 76TH ST MIAMI, FL 33183		Mailing Address 12355 SW 76TH ST MIAMI, FL 33183																									
2. Principal Place of Business 14300 SW 129 St. Suite, Apt. #, etc. # 204 City & State Miami FL Zip 33186 Country USA		3. Mailing Address 14300 SW 129 St. Suite, Apt. #, etc. #204 City & State Miami FL Zip 33186 Country USA																									
6. Name and Address of Current Registered Agent MARICHAL, ELAINE 12355 SW 76TH ST MIAMI, FL 33183		7. Name and Address of New Registered Agent Name Marichal, Elaine Street Address (P.O. Box Number is Not Acceptable) 14300 SW 129 St. #204 City Miami FL Zip Code 33186																									
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: <u>Elaine Marichal</u> DATE: <u>4/12/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MARICHAL, ELAINE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12355 SW 76TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33183</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	MARICHAL, ELAINE		STREET ADDRESS	12355 SW 76TH ST		CITY-ST-ZIP	MIAMI, FL 33183		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Marichal, Elaine</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14300 SW 129 St #204</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Miami FL 33186</td> <td></td> </tr> </table>		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Marichal, Elaine		STREET ADDRESS	14300 SW 129 St #204		CITY-ST-ZIP	Miami FL 33186	
TITLE	D	<input type="checkbox"/> Delete																									
NAME	MARICHAL, ELAINE																										
STREET ADDRESS	12355 SW 76TH ST																										
CITY-ST-ZIP	MIAMI, FL 33183																										
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME	Marichal, Elaine																										
STREET ADDRESS	14300 SW 129 St #204																										
CITY-ST-ZIP	Miami FL 33186																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP								
TITLE	NAME	<input type="checkbox"/> Delete																									
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP								
TITLE	NAME	<input type="checkbox"/> Delete																									
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP								
TITLE	NAME	<input type="checkbox"/> Delete																									
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP								
TITLE	NAME	<input type="checkbox"/> Delete																									
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
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: <u>Elaine Marichal</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/12/05</u> 786-293-8940 <small>Daytime Phone #</small>																									