


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90014 032 ***150.00

DOCUMENT # P03000121909	
1. Entity Name QT PROPERTY INVESTORS INC.	

Principal Place of Business 9639 MAGNOLIA BLOSSOM DR. TAMPA, FL 33626	Mailing Address 9639 MAGNOLIA BLOSSOM DR. TAMPA, FL 33626
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2. Principal Place of Business 9605 Montague St Suite, Apt. #, etc.	3. Mailing Address P O Box 1258 Suite, Apt. #, etc.
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City & State Tampa FL	City & State Bellmore NY
Zip 33635	Zip 11710
Country USA	Country USA

02122004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0499970	<input checked="" type="checkbox"/> 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 FAMIGLIETTI, DIANE A 3639 MAGNOLIA BLOSSOM DR. TAMPA, FL 33612	
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7. Name and Address of New Registered Agent Name: Diane A. Famiglietti Street Address (P.O. Box Number is Not Acceptable): 9605 Montague St. City: Tampa FL Zip Code: 33635	
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>Diane A. Famiglietti</u> DATE: <u>2/12/04</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, 2004 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAMIGILETTI, DIANE A P.O. BOX 1258 BELLMORE, NY 117100990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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>Diane A. Famiglietti</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>2/12/04</u> <u>516-220-0081</u> <small>Date Daytime Phone #</small>