


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90001 002 ***158.75

DOCUMENT # P03000122357

1. Entity Name
QUISOL, INC.



44090600

Principal Place of Business
90 EDGEWATER DRIVE
#325
CORAL GABLES, FL 33133

Mailing Address
90 EDGEWATER DRIVE
#325
CORAL GABLES, FL 33133

2. Principal Place of Business
5887 SW 72nd Street

3. Mailing Address
 Suite, Apt. #, etc.

City & State
South Miami, FL

City & State

Zip
33143

Country

07092004 Chg-P CR2E034 (10/03)

4. FEI Number
20-0355468

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORDOVA, DIEGO E C.P.A.
8905 SW 87 AVE STE 200
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	Olga Maria Quins	210 Spinnaker Drive	Vero Beach, FL 32963	<input type="checkbox"/>	<input type="checkbox"/>
	VIS Olga Maria Casanova Solares	90 Edgewater Drive, #325	CORAL GABLES, FL 33133	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Olga Maria Casanova Solares Date: 7/9/04 Daytime Phone #: 786/374-7664