

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000128753

1. Entity Name
ADQUISA CORPORATION



Principal Place of Business
**19201 COLLINS AVENUE
SUITE 936
MIAMI, FL 33160**

Mailing Address
**19201 COLLINS AVENUE
SUITE 936
MIAMI, FL 33160**



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0395297

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**QUINTREO, NELSON E
19201 COLLINS AVENUE
SUITE 936
MIAMI, FL 33160**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME QUINTERO, NELSON E
STREET ADDRESS 19201 COLLINS AVENUE SUITE 936
CITY-ST-ZIP MIAMI, FL 33160

TITLE D
NAME DE QUINTERO, XIOMARA E
STREET ADDRESS 19201 COLLINS AVENUE SUITE 936
CITY-ST-ZIP MIAMI, FL 33160

TITLE D
NAME QUINTERO ESCOBAR, XIORELA J
STREET ADDRESS 19201 COLLINS AVENUE SUITE 936
CITY-ST-ZIP MIAMI, FL 33160

TITLE D
NAME QUINTERO ESCOBAR, XILENI
STREET ADDRESS 19201 COLLINS AVENUE SUITE 936
CITY-ST-ZIP MIAMI, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000800456
01/31/08-80018-006 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied in this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/2008

Date

Daytime Phone #