2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000128753

Entity Name: ADQUISA CORPORATION

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 19201 COLLINS AVENUE SUITE 936 MIAMI, FL 33160 **New Mailing Address: Current Mailing Address:** 19201 COLLINS AVENUE SUITE 936 MIAMI, FL 33160 FEI Number: 20-0395297 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: QUINTREO, NELSON E QUINTERO, NELSON E 19201 COLLINS AVENUE 19201 COLLINS AVENUE SUITE 936 SUITE 936 MIAMI, FL 33160 US MIAMI, FL 33160 US 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: NELSON QUINTERO 04/28/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition QUINTERO, NELSON E Name: Name: 19201 COLLINS AVENUE SUITE 936 Address: Address: MIAMI, FL 33160 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition DE QUINTERO, XIOMARA E Name: Name: 19201 COLLINS AVENUE SUITE 936 Address: Address: MIAMI, FL 33160 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition QUINTERO ESCOBAR, XIORELA J Name: Name: 19201 COLLINS AVENUE SUITE 936 Address: Address: City-St-Zip: MIAMI, FL 33160 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: NELSON QUINTERO PD 04/28/2009

QUINTERO ESCOBAR, XILENI

MIAMI, FL 33160

19201 COLLINS AVENUE SUITE 936

Name:

Address:

City-St-Zip: