2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000009762

Entity Name: PQN, INC

FILED Apr 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5510 SW 166 AVENUE 6625 MIAMI LAKES DRIVE SOUTHWEST RANCHES, FL 333311376

317

MIAMI LAKES, FL 33014 US

Current Mailing Address: New Mailing Address:

5510 SW 166 AVENUE 6625 MIAMI LAKES DRIVE

SOUTHWEST RANCHES, FL 333311376

MIAMI LAKES, FL 33014 US

FEI Number: 20-0606236 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

RIVERA, MELVIN RIVERA, MELVIN 5510 SW 166 AVENUE 6625 MIAMI LAKES DRIVE

SOUTHWEST RANCHES, FL 333311376 US MIAMI LAKES, FL 33014 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: MELVIN N. RIVERA 04/09/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition PSD () Delete Title:

Name: RIVERA, MELVIN Name: RIVERA, MELVIN N

5510 SW 166 AVENUE 6625 MIAMI LAKES DRIVE #317 Address: Address:

City-St-Zip: SOUTHWEST RANCHES, FL 333311376 City-St-Zip: MIAMI LAKES, FL 33014 US

Title: VD Title: **VPSD** (X) Change () Addition () Delete

Name: RIVERA, CLAUDIA V Name: RIVERA, CLAUDIA V

5510 SW 166 AVENUE 6625 MIAMI LAKES DRIVE #317 Address: Address: SOUTHWEST RANCHES, FL 333311376 MIAMI LAKES, FL 33014 US City-St-Zip: City-St-Zip:

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.

Ρ SIGNATURE: MELVIN N. RIVERA 04/09/2009