2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT# P04000052238

Entity Name: QUAESTRADE CO.

FILED Sep 05, 2005 Secretary of State

Current Principal Plac	e of Business:	New Principal Place of	New Principal Place of Business:	
3150 LA COSTA CIRCLE SUITE 202 NAPLES, FL 34105		4665 ST. CROIX LANE #1533 NAPLES, FL 34109		
Current Mailing Address:		New Mailing Address:		
3150 LA COSTA CIRCLE SUITE 202 NAPLES, FL 34105		4665 ST CROIX LANE #1533 NAPLES, FL 34109		
FEI Number: 02-0718877	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of	Current Registered Agent:	Name and Address of N	Name and Address of New Registered Agent:	
SPIEGEL & UTRERA, P 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US	.A.			
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered o	ffice or registered agent, or both,	
SIGNATURE:				
Flectro	nic Signature of Registered Age	ent	Date	

Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: Title: () Delete (X) Change () Addition HAVASI, IVETT HAVASI, IVETT Name: Name: 3150 LA COSTA CIRCLE SUITE 202 Address: 4665 ST. CROIX LANE Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34109 Title: () Delete Title: (X) Change () Addition OCSODY, PETER Name: Name: TOTH, ARPAD Address: Address: 3150 LA COSTA CIRCLE SUITE 202 4665 ST. CROIX LANE #1533 NAPLES, FL 34109 NAPLES, FL 34105 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition Name: TARSOLY, CSABA Name: 3150 LA COSTA CIRCLE SUITE 202 Address: Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: IVETT HAVASI P 09/05/2005