## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000107074

Entity Name: QUESADA NETWORK, CORP.

Jul 23, 2006 Secretary of State

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

3802 CARROLLWOOD PL CIR 9850 HAMLIN BLVD.

APT 109 511

TAMPA, FL 33624 SEMINOLE, FL 33776

**Current Mailing Address: New Mailing Address:** 

3802 CARROLLWOOD PL CIR 9850 HAMLIN BLVD. APT 109

TAMPA, FL 33624 SEMINOLE, FL 33776

FEI Number: 20-1831204 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:

QUESADA, EDUARDO QUESADA, EDUARDO 3802 CARROLLWOOD PL CIR 9850 HAMLIN BLVD. TAMPA, FL 33624

SEMINOLE, FL 33776 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: EDUARDO QUESADA 07/23/2006

> Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

QUESADA, EDUARDO QUESADA, EDUARDO Name: Name: 9850 HAMLIN BLVD. 3802 CARROLLWOOD PL CIR APT 109 Address: Address:

TAMPA, FL 33624 SEMINOLE, FL 33776 City-St-Zip: City-St-Zip:

Title: Title: (X) Change ( ) Addition () Delete ST QUESADA, ELENA QUESADA, ELENA Name: Name: 11500 MURRAY AVE 9850 HAMLIN BLVD Address: Address:

SEMINOLE, FL 33776 City-St-Zip: LARGO, FL 33778 City-St-Zip:

Title: Title: ( ) Delete (X) Change ( ) Addition QUESADA, ANNABELL A Name: QUESADA, ANNABELL A Name:

11500 MURRAY AVE 9850 HAMLIN BLVD. Address: Address: City-St-Zip: LARGO, FL 33778 City-St-Zip: SEMINOLE, FL 33776

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

SIGNATURE: ELENA QUESADA ST 07/23/2006