


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90026 034 \*\*\*150.00

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # P04000115238</b><br>1. Entity Name<br><b>QUINCY CAPITAL CORP.</b>  |   |  |   |  |  |
| Principal Place of Business<br><b>2300 N.W. CORPORATE BLVD.<br/>SUITE #133<br/>BOCA RATON, FL 33431</b>  |   |  | Mailing Address<br><b>2300 N.W. CORPORATE BLVD.<br/>SUITE #133<br/>BOCA RATON, FL 33431</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |   |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |   |  |
| 4. FEI Number<br><b>20-1608509</b>   |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  | <b>\$8.75 Additional Fee Required</b>   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>REGISTERED AGENT CORPORATE SERVICES, INC.<br/><del>806 DOUGLAS ROAD</del><br/><del>SUITE 580</del><br/>CORAL GABLES, FL 33134</b>  |   |  | 7. Name and Address of New Registered Agent<br><br><b>Name<br/>REGISTERED AGENT CORPORATE SERVICES INC.<br/>Street Address<br/>355 Alhambra Circle, Suite 801<br/>City<br/>Coral Gables, FL 33134</b> |   |  |
| 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.<br><br>SIGNATURE: <u><i>[Signature]</i></u> DATE: <u>3/5/08</u><br><small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Delete<br><b>CASTILLO, OSVALDO<br/>2300 N.W. CORPORATE BLVD., SUITE #133<br/>BOCA RATON, FL 33431</b>      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Delete<br><b>DE CASTILLO, ZOBEIDA D<br/>2300 N.W. CORPORATE BLVD., SUITE #133<br/>BOCA RATON, FL 33431</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Delete<br><b>COLLAZO, PATRICIA<br/>2300 N.W. CORPORATE BLVD., SUITE #133<br/>BOCA RATON, FL 33431</b>      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 12. I hereby certify that the information supplied with 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: <u><i>[Signature]</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  | Date: <u>4/7/2008</u> Daytime Phone #: <u>561-886 0230</u>  |   |  |