2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000148260

Entity Name: QIOSKS, INC.

FILED Jan 11, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
16853 NE	2ND AVE			
STE 302	IIAMI BEACH,	El 33163		
	ŕ			
Current Mailing Address:			New Mailing Address:	
16853 NE	2ND AVE			
STE 302	IIAMI BEACH,	El 33163		
NORTHIN	IIAIVII BEACH,	FL 33102		
FEI Number	: 20-1801328	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
SHASHOL 16853 NE STE 302 NORTH M	,	FL 33162 US		
	e named entity e of Florida.	submits this statement for the	ourpose of changing its registere	d office or registered agent, or both,
SIGNATUI	RE:			
	Electror	nic Signature of Registered Ag	ent	Date
Election Car		g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title:	D () Delete	Title:	() Change () Addition
Name:	SHASHOUA, A		Name:	3 ()
Address:	16853 NE 2ND	AVE STE 302	Address:	
City-St-Zip:	NORTH MIAMI	BEACH, FL 33162	City-St-Zip:	
Title:	D () Delete	Title:	() Change () Addition
Name:	AMOSSY, YOS		Name:	
Address:	16853 NE 2ND	AVE STE 302	Address:	
City-St-Zip:		BEACH, FL 33162	City-St-Zip:	
Title:	D () Delete	Title:	() Change () Addition
Name:	ALIMA, AMIT		Name:	
Address:	16853 NE 2ND	AVE STE 302	Address:	
City-St-Zip:	NORTH MIAMI	BEACH, FL 33162	City-St-Zip:	
Title:	D () Delete	Title:	() Change () Addition
Name:	WILLIAMS, PE		Name:	
Address:	16853 NE 2ND		Address:	
City-St-Zip:	NORTH MIAMI	BEACH, FL 33162	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.

SIGNATURE: JOHN BANCROFT BROWN COMP 01/11/2008