

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000156916

1. Entity Name
GQC CORP.



Principal Place of Business

5200 TOWN CENTER CIRCLE SUITE 550
BOCA RATON, FL 33486

Mailing Address

5200 TOWN CENTER CIRCLE SUITE 550
BOCA RATON, FL 33486



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2150383

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CLEMONS, GARY R
5200 TOWN CENTER CIRCLE SUITE 550
BOCA RATON, FL 33486

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U000000782364
01/15/08-80071-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLEMONS, GARY R
STREET ADDRESS	5200 TOWN CENTER CIRCLE SUITE 550
CITY-ST-ZIP	BOCA RATON, FL 33486

TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 4 2008 (561) 361-1079