


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90037 028 \*\*\*150.00

**DOCUMENT # P04000166375**

1. Entity Name  
 QUOC, INC.



Principal Place of Business  
 456 S CYPRESS RD  
 POMPANO BCH, FL 33060

Mailing Address  
 456 S CYPRESS RD  
 POMPANO BCH, FL 33060

40039308



**DO NOT WRITE IN THIS SPACE**

02162008 No Chg-P CR2E034 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-2140797 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TAO, QUOC  
 456 S CYPRESS RD  
 POMPANO BCH, FL 33060

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>TAO, QUOC<br>456 S CYPRESS RD<br>POMPANO BCH, FL 33060 |
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| TITLE<br>NAME<br>STREET ADDRESS<br>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

2/23/08 954-781-8769  
Date Daytime Phone #