## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT				1.14	27.6%	
DOCUMENT # P05000087  1. Entity Name CITIQUEST FINANCIAL GROUP, CO			06 JAN 17	PM 10: 44		
Principal Place of Business 11890 S.W. 8TH STREET SUITE 409 MIAMI, FL 33184	Mailing Address 11890 S.W. 8TH STREI SUITE 409 MIAMI, FL 33184	ET		SEUNCEPHI ALLAIAUS	e of State Et, FLORIDA	
2. Principal Place of Business 11890 SW 8+h Street Suite, Apt. #, etc. 3uste 400	3. Mailing Address 11890 SW 8 Suite, Apt. #, etc.	rth Stree	01132006	Chg-P	CR2E034 (11	/05)
City & State MIPmi   FL	City & State  A   Ami   FL  MiAmi   FL			168257	76	Applied For Not Applicable
33184 Country A	<sup>Zio</sup> 33184	Country USA		e of Status Desired	☐ Fee Ro	5 Additional equired
PRIETO POCELIOA MUMBL OF GOOTILS			7. Name and Address of New Registered Agent lame Pricto, Roclio A.  treet Address (P.O. Box Number is Not Acceptable)  11890 Sur 857 net , Suite 400			
		City	liami		FL Z	2 <sup>Code</sup> 1×4
8. The above named entity submits this statement for the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent agent in the printed name of registered agent.	9. Election Campa	E: Registered Agent agent	\$5.00 May Be	om, in the State of F	DATE	wiin, and accept
10. OFFICERS AND	DIRECTORS	11.	ADDITIONS	I CHANGES TO OF	FICERS AND DIREC	CTORS IN 11
TITLE PD NAME PRIETO, REGELIO A STREET ADDRESS 11890 S.W. 8TH STREET OTTY-ST-ZIP MIAMI, FL 33184	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRIETO 1. 11890 S MIAMIL	W Sth	0 4. STRUT, 33184	
TITLE VD NAME PURRINTOS, NELIA M STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33184	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PURRINO 11890 SU MIAMIN	s. Nalla		_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	<b>3000</b> 6 2/02/060		
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NITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			c	hange Addition
12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emprechanged, or on an arachment with an address.	this filing does not qualify to a true and accurate and that owered to execute this report with all other like empowered	or the exemptions of my signature shall has required by Ch	contained in Chapter 1 nave the same legal effe apter 607, Florida Statu	i9, Florida Statutes, ect as if made unde les; and that my na	I further certify that roath; that I am an me appears in Bloc	t the information officer or director k 10 or Block 11 if
SIGNATURE: BIGGATURE AND TYPED OR	MAUNI			1 /13/06	305 5	52-4100