

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000087880

1. Entity Name
CITIQUEST FINANCIAL GROUP, CORP.



FILED

2007 JUL 24 PM 12:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**11890 S.W. 8TH STREET
SUITE 400
MIAMI, FL 33184**

Mailing Address
**11890 S.W. 8TH STREET
SUITE 400
MIAMI, FL 33184**

2. Principal Place of Business - No P.O. Box #
14763 SW 42 TERRACE

3. Mailing Address
14763 SW 42 TERRACE



07232007 Chg-P CR2E034 (12/06)

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
84-1682576

Applied For
☐ Not Applicable

Zip
33185

Country
MIAMI Dade

Zip
33185

Country
MIAMI Dade

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

6. Name and Address of Current Registered Agent
**PRIETO, ROGELIO A
11890 S.W. 8TH STREET
SUITE 400
MIAMI, FL 33184**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
14763 SW 42 TERRACE
City **MIAMI** FL Zip Code **33185**

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]*
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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRIETO, ROGELIO A 11890 S.W. 8TH STREET, SUITE 400 MIAMI, FL 33184 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PURRINOS, NELIA M 11890 S.W. 8TH STREET, SUITE 400 MIAMI, FL 33184 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14763 SW 42 TERRACE MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14763 SW 42 TERRACE MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200107464912 08/07/07--01053--015 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #