

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000069168

Entity Name: QUANTA SYSTEMS INC

FILED  
Apr 22, 2009  
Secretary of State

## Current Principal Place of Business:

1964 NW 181 TERRACE  
PEMBROKE PINES, FL 33029 US

## New Principal Place of Business:

## Current Mailing Address:

1964 NW 181 TERRACE  
PEMBROKE PINES, FL 33029 US

## New Mailing Address:

FEI Number: 26-3042397

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VILLEGAS, FRANCISCO J  
100 ALMERIA AVENUE  
200  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NEVES, ADINALDO  
Address: 1964 NW 181 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: SEC ( ) Delete  
Name: BARONI, ALEXANDRE  
Address: 1964 NW 181 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: TREA ( ) Delete  
Name: LEHMANN, MILTON  
Address: 1964 NW 181 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: DIR ( ) Delete  
Name: NEVES, ADINALDO  
Address: 1964 NW 181 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: DIR ( ) Delete  
Name: BARONI, ALEXANDRE  
Address: 1964 NW 181 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: DIR ( ) Delete  
Name: LEHMANN, MILTON  
Address: 1964 NW 181 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33029 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: ADINALDO NEVES

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date