

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2004 8:00 am**  
**Secretary of State**

01-28-2004 90007 020 \*\*\*150.00

**DOCUMENT # P93000010348**

1. Entity Name

QUATRUM, INC.



Principal Place of Business

3414 E. ATLANTIC BLVD.  
POMPANO BEACH FL 33062

Mailing Address

3414 E. ATLANTIC BLVD.  
POMPANO BEACH FL 33062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0387001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEYZNER, IRWIN  
3414 E. ATLANTIC BLVD  
POMPANO BEACH FL 33062

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDS ☐ Delete  
NAME MAJZNER, DOMINIQUE  
STREET ADDRESS 2344 TIMBERCREEK CIRCLE  
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVT ☐ Delete  
NAME MEYZNER, IRWIN  
STREET ADDRESS 2344 TIMBERCREEK CR  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☒ Change ☐ Addition  
NAME MAJZNER, IRWIN  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV ☒ Delete  
NAME CAPUANO, ISAAC  
STREET ADDRESS 832 N.E. 206 ST.  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE ☐ Change ☒ Addition  
NAME DV MAJZNER DOMINIQUE  
STREET ADDRESS 2344 Timbercreek Circle  
CITY-ST-ZIP Boca Raton FL 33431

TITLE DT ☐ Delete  
NAME IRWIN, MAJZNER  
STREET ADDRESS 2344 TIMBERCREEK CIRCLE  
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Dominique Majzner* DOMINIQUE MAJZNER

1-22-04

954-942-3336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #