


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90269 046 ***150.00

DOCUMENT # P93000010348					
1. Entity Name QUATRUM, INC.					
Principal Place of Business 3414 E. ATLANTIC BLVD. POMPAÑO BEACH FL 33062			Mailing Address 3414 E. ATLANTIC BLVD. POMPAÑO 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 <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MEYZNER, IRWIN 3414 E. ATLANTIC BLVD POMPAÑO BEACH FL 33062				7. Name and Address of New Registered Agent Name MAJZNER, IRWIN Street Address (P.O. Box Number is Not Acceptable) 3414 E. ATLANTIC BLVD. City POMPAÑO BEACH FL Zip Code 33062	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAJZNER, DOMINIQUE			NAME	
STREET ADDRESS	2344 TIMBERCREEK CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL			CITY-ST-ZIP	
TITLE	DVT	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADZNER, IRWIN			NAME	MAJZNER,
STREET ADDRESS	2344 TIMBERCREEK CR			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431			CITY-ST-ZIP	
TITLE	DV	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADZWER, DOMINIQUE			NAME	MAJZNER,
STREET ADDRESS	2344 TIMBERCREEK CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431			CITY-ST-ZIP	
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRWIN, MAJZNER			NAME	
STREET ADDRESS	2344 TIMBERCREEK CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/05 *954-912-3336*