


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90022 001 \*\*\*150.00

<b>DOCUMENT # P93000058189</b>	
1. Entity Name <b>FRESH QUEST, INC.</b>	

Principal Place of Business <b>2 S. BISCAYNE BLVD SUITE 3400 MIAMI, FL 33131</b>	Mailing Address <b>2 S. BISCAYNE BLVD SUITE 3400 MIAMI, FL 33131</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**40114692**



01232007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>GY CORPORATE SERVICES INC. 2 S. BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131-1897</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GUTIERREZ, JUAN G 2225 SHEPPARD AVE. E., SUITE 1200 NORTH YORK, ONTARIO, CANADA, ON <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CASTILLO, R. RICARDO <i>Mark Korol</i> <input checked="" type="checkbox"/> Delete <i>JK</i> 2225 SHEPPARD AVE E SUITE 1200 NORTH YORK, ON
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRAHAM, ROY A <input type="checkbox"/> Delete 2225 SHEPPARD AVE. E., SUITE 1200 NORTH YORK, ONTARIO, CANADA, ON
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 type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <i>Mark Korol</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>2225 Sheppard Ave E. Suite 1200 North York ON, CANADA</i>
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
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:** *JUAN G. GUTIERREZ* **4/23/07** **416-494-5711**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #