


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90058 039 ***150.00


DOCUMENT # P94000010147		
1. Entity Name QUEST DEVELOPMENT CORP.		

Principal Place of Business 830 S. ALHAMBRA CIRCLE CORAL GABLES, FL 33146 US	Mailing Address 830 S ALHAMBRA CIRCLE CORAL GABLES, FL 33146 US
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2. Principal Place of Business 11805 SW 66 AVE	3. Mailing Address 11805 S.W. AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PINECREST, FLORIDA	City & State PINECREST FLORIDA
Zip 33156	Zip 33156
Country USA	Country USA

50007508

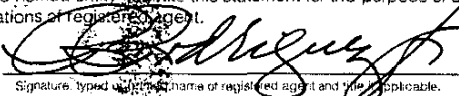


01202005 Chg-P CR2E034 (10/03)

4. FEI Number 59-1814691	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RODRIGUEZ, RAFAEL O JR. 830 S. ALHAMBRA CIRCLE CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name RODRIGUEZ, RAFAEL O. JR. Street Address (P.O. Box Number is Not Acceptable) 11805 SW 66 AVE City PINECREST FL Zip Code 33156	
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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.

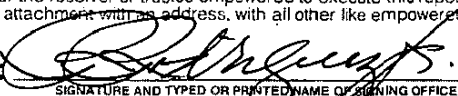
SIGNATURE  DATE 01/20/05

Signature typed or printed name of registered agent and type is acceptable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, RAFAEL O JR. 830 A ALHAMBRA CIRCLE CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, RAFAEL O. JR. 11805 SW 66 AVE PINECREST, FLORIDA 33156 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 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  DATE 01/20/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR