

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90030 040 \*\*\*150.00

<b>DOCUMENT # P94000039531</b>					
<b>1. Entity Name</b> QUATES, CORP.					
<b>Principal Place of Business</b> 35 N. PALM AVE. TITUSVILLE, FL 32796			<b>Mailing Address</b> 35 N. PALM AVE. TITUSVILLE, FL 32796		
<b>2. Principal Place of Business</b> 1341 north COCOA BLV. Suite, Apt. #, etc. COCOA, Florida City & State		<b>3. Mailing Address</b> 1341 north COCOA BLV. Suite, Apt. #, etc. COCOA, Florida City & State		40000411 	
Zip 32922 Country Brevard		Zip 32922 Country Brevard		01062005 Chg-P CR2E034 (10/03)	
<b>4. FEI Number</b> 59-3247722				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BARRIAL, ARMANDO 35 N. PALM AVE. TITUSVILLE, FL 32796			<b>7. Name and Address of New Registered Agent</b> Name ARMANDO BARRIAL Street Address (P.O. Box Number is Not Acceptable) 4285 SHAMROCK DRIVE minis City FL Zip Code 32754		
<b>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.</b>					
SIGNATURE  DATE 1-6-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE PD NAME BARRIAL, ROLANDO STREET ADDRESS 35 N. PALM AVE. CITY-ST-ZIP TITUSVILLE, FL 32796	<input type="checkbox"/> Delete		TITLE PD NAME Rolando BARRIAL STREET ADDRESS 1341 COCOA BLV. CITY-ST-ZIP COCOA, FL. 32922	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME BARRIAL, ARMANDO JR STREET ADDRESS 35 N. PALM AVE. CITY-ST-ZIP TITUSVILLE, FL 32796	<input type="checkbox"/> Delete		TITLE SD NAME ARMANDO BARRIAL JR. STREET ADDRESS 1341 COCOA BLV. CITY-ST-ZIP COCOA, FL. 32922	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME BARRIAL, ARMANDO SR STREET ADDRESS 35 N. PALM AVE. CITY-ST-ZIP TITUSVILLE, FL 32796	<input type="checkbox"/> Delete		TITLE TD NAME ARMANDO BARRIAL SR STREET ADDRESS 1341 COCOA BLV. CITY-ST-ZIP COCOA, FL. 32922	<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	
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	
<b>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.</b>					
SIGNATURE:  ARMANDO BARRIAL DATE 1-6-05 321 4370409 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					