


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90241 040 ***150.00

DOCUMENT # P94000050269

1. Entity Name
QUINSTAR SALES, INC.



Principal Place of Business Mailing Address


2301 WEST SAMPLE RD 2301 W SAMPLE RD
 BLDG 5, STE 5C BLDG 5, STE 5C
 POMPANO BEACH, FL 33073 US POMPANO BEACH, FL 33073 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01122006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 65-0512022 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STONE, ROBERT C
 4330 SHERIDAN STREET
 STE. 202B
 HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name Alan Rosenthal CPA

Street Address (P.O. Box Number is Not Acceptable)
3300 University DR. Ste 305

City Coral Springs FL Zip Code 33065

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 Alan Rosenthal Alan Rosenthal 01/11/06

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, 2006 Fee will be \$550.00

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	PSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRON, IVAN	NAME	
STREET ADDRESS	7017 MONTRICO DR	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL	CITY-ST-ZIP	
TITLE	VDTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRON, SANDI	NAME	
STREET ADDRESS	7017 MONTRICO DR	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	
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 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: Ivan Kron Pres 1-17-06 954 9692557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #