


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000050269 1. Entity Name QUINSTAR SALES, INC.		
Principal Place of Business 2301 WEST SAMPLE RD BLDG 5, STE 5C POMPANO BEACH, FL 33073 US	Mailing Address 2301 W SAMPLE RD BLDG 5, STE 5C POMPANO BEACH, FL 33073 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ROSATHAL, ALAN CPA 3300 UNIVERSITY DR. STE. 305 POMPANO BEACH, FL 33085		DO NOT WRITE IN THIS SPACE
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KRON, IVAN 7017 MONTRICO DR BOCA RATON, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDTD KRON, SANDI 7017 MONTRICO DR BOCA RATON, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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: <u><i>Ivan Kron</i></u> IVAN KRON		Date <u>1.9.07</u> 154-9692557
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0512022	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

1100000583634
01/12/07-80003-015 150.00

**DO NOT WRITE
IN THIS SPACE**