

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90053 040 ***150.00

DOCUMENT # P95000014467

1. Entity Name
QUAY INTERNATIONAL, INC.



Principal Place of Business
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI, FL 33131

Mailing Address
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI, FL 33131



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0576824

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRANSGLOBAL CORPORATE ADM. LLC
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2005 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 D ☒ Delete
NAME KAUFMAN, DAVID
STREET ADDRESS 520 BRICKELL KEY DR, #0-305
CITY-ST-ZIP MIAMI, FL 33131

TITLE P/D ☐ Change ☒ Addition
NAME Samuel P. Haven
STREET ADDRESS 520 Brickell Key Drive #0-305
CITY-ST-ZIP Miami, FL 33131

TITLE S ☐ Delete
NAME FREEMAN, STEPHEN A.
STREET ADDRESS 520 BRICKELL KEY DR, STE 0-305
CITY-ST-ZIP MIAMI, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☒ Delete
NAME KAUFFMAN, DAVID
STREET ADDRESS 520 BRICKELL KEY DR, STE 0-305
CITY-ST-ZIP MIAMI, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen A. Freeman

Date

Daytime Phone #

3/16/05

305-374-3800