
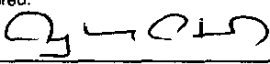


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

05-27-2004 90329 001 ***450.00

DOCUMENT # P95000042004					
1. Entity Name FLORIDA QUALITY ENTERPRISES, INC.					
Principal Place of Business 3120 NW 16TH TERRACE POMPANO BEACH, FL 33064			Mailing Address 3120 NW 16TH TERRACE POMPANO BEACH, FL 33064		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0593481	
Zip		Country		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			7. Name and Address of New Registered Agent		
ADAK, TOLGA 3120 NW 16TH TERRACE POMPANO BEACH, FL 33064			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAK, TOLGA		NAME		
STREET ADDRESS	3120 NW 16TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP		
TITLE	VST	<input type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLUK, MAHMUT		NAME		
STREET ADDRESS	3120 NW 16TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Adak, Guiney	
STREET ADDRESS			STREET ADDRESS	3120 NW 16th Terr.	
CITY-ST-ZIP			CITY-ST-ZIP	Pompano Bch, FL 33064	
TITLE		<input type="checkbox"/> Delete	TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Adak, Aydin	
STREET ADDRESS			STREET ADDRESS	3120 NW 16th Terr	
CITY-ST-ZIP			CITY-ST-ZIP	Pompano Bch, FL 33064	
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 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: AYDIN ADAK 		5.24.2004			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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