


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90055 027 ***158.75

DOCUMENT # P96000077518	
1. Entity Name THE QUIN GROUP, INC.	

Principal Place of Business C/O LISSETTE ORTIZ, PA 2121 PONCE DE LEON BLVD STE 330 CORAL GABLES, FL 33134	Mailing Address C/O LISSETTE ORTIZ, PA 2121 PONCE DE LEON BLVD STE 330 CORAL GABLES, FL 33134
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50005034



2. Principal Place of Business The Quin Group, Inc. P.O. Box 490611	3. Mailing Address P.O. Box 490611
Suite, Apt. #, etc. P.O. Box 490611	Suite, Apt. #, etc.
City & State Key Biscayne, FL	City & State Key Biscayne, FL
Zip 33149	Country
Zip 33149	Country

01182005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0699997	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ORTIZ, LISSETTE PA 2121 PONCE DE LEON BLVD STE 330 CORAL GABLES, FL 33134	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME QUINTELA, CARLOS P		NAME QUINTELA, CARLOS P	
STREET ADDRESS P.O. 496011, N/A		STREET ADDRESS P.O. BOX 490611	
CITY-ST-ZIP KEY BISCAVNE, FL 33149		CITY-ST-ZIP KEY BISCAVNE, FL 33149	
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	
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: _____ **1/15/05 2054454090**

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