


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000078926**  
 1. Entity Name  
**P-Q ENTERPRISES, INC.**



Principal Place of Business      Mailing Address  
**4840 RIDGEMOOR BLVD,**      **4840 RIDGEMOOR BLVD,**  
**PALM HARBOR, FL 34685**      **PALM HARBOR, FL 34685**



01072006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-3406024**      *Not Applicable*

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

6. Name and Address of Current Registered Agent  
**SCHWANKE, TIM**  
**15312 CARROLLTON LN**  
**TAMPA, FL 33624**

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D  
 NAME: CHARARA, HASSAN  
 STREET ADDRESS: 1266 34TH STREET NORTH  
 CITY-ST-ZIP: ST. PETERSBURG, FL 33713

TITLE: D  
 NAME: CHARARA, RADWAN  
 STREET ADDRESS: 1266 34TH STREET NORTH  
 CITY-ST-ZIP: ST. PETERSBURG, FL 33713

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
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TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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UN0000387370  
 01/19/06-80037-004 150.00

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: \_\_\_\_\_ **HASSAN CHARARA** 1-18-06 787 785-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #