


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90005 011 ***150.00

| | | | | | |
|---|---|---|---|--|--|
| DOCUMENT # P97000036477 | | | |  | |
| 1. Entity Name QRU, INC. | | | | | |
| Principal Place of Business 3301 EMERALD PT DR 2645 EXECUTIVE PARK 305B WESTON, FL 33331 HOLLYWOOD, FL 33021 US | | | Mailing Address 1521 ALTON ROAD 2645 EXECUTIVE PARK DRIVE SUITE 134 WESTON, FL 33331 MIAMI, FL 33139 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 07122004 Chg-P CR2E034 (10/03) | |
| 4. FEI Number 65-0761588 | | | | Applied For <input type="checkbox"/> 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 | | |
| PRIETO, A.J. 2645 EXECUTIVE PARK DRIVE 1521 ALTON ROAD #134 WESTON, FL 33331 MIAMI, FL 33139 | | | 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 Due by September 8, 2004 | | 9. Election Campaign Financing <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 NAME STREET ADDRESS CITY-ST-ZIP | P PRIETO, A.J. <input type="checkbox"/> Delete 1521 ALTON RD #134 MIAMI, FL 33139 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: _____ | | | 7/6/04 954-217-6225 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

Attachment

54062590
~~#pg1000036477~~

I MAILED AN ADDRESS
CHANGE TO YOUR OFFICE
SIX (6) MONTHS AGO.

2645 EXECUTIVE PARK DRIVE
WESTON, FL 33331

THANK YOU,

A.I. Pto