2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 04, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # P9700006 uest, inc.	8978				03	-04-2003 900		130.00	
Principal Place of Business 4141 NE 2ND AVE. SUITE 101-I MIAMI, FL 33137 US		Mailing Address 4141 NE 2ND AVE. SUITE 101-I MIAMI, FL 33137 US					30000U	10		
2. Principal P	Place of Business	3. Mailing Address			_					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02172005	Chg-P		:034 (10/03)	1861 II F881
City & State		City & State			4. FEI Numbe	 er		Ар	plied For	
Zip	Country	Zip	Coun	itry		65-077 5. Certificate	of Status Desired		\$8.75 Add	
	6 Name and Address of Current	at Registered Acoust		T		7 Name and	Address of Now	Pagisterns	Fee Required	'
	6. Name and Address of Currer	nt Aegistered Agent		Name C	7 1 1		Address of New		Agent	
ROBINSO	N, WILLIE C SR			l K	0 bi	nson,		m C		
130 NE 40TH ST				Street Add	dress (F	O Box Number	r is Not Acceptab	ile)		
STE 9 MIAMI, FL	33137		٠	2	8 h)0 st .	Flagler	100		·
	•		•	City	m	iami	J`	F	L Zip Code	3130
the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing it	ts register	ed office or r	registere	ed agent, or bo	th, in the State of F	Florida. I ar	n familiar with,	and accept
SIGNATURE.	Signature, typed of printed name of registered age	ant and title if applicable. (NO	TE: Registere	d Agent signature	e required	when reinstating)	·	DATE		
FIL	Signature, typed of printed name of registered age E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Camp	aign Finar	ncing _	\$5.	when reinstating) OO May Be sed to Fees		DATÉ		· .
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12. I hereby certify that the information supplied with this fifing 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: