

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90001 028 \*\*\*150.00

<b>DOCUMENT # P97000081339</b>					
<b>1. Entity Name</b> <b>QUESCO, INC.</b>					
<b>Principal Place of Business</b> C/O LOCUST GARDENS GP 1133 S UNIVERSITY DR PLANTATION, FL 33324			<b>Mailing Address</b> C/O CHARLES D BRECKER, KATZ BARRON ET AL 100 NE 3RD AVE #280 FORT LAUDERDALE, FL 33301 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0817873	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
CORPCO, INC. 2699 S BAYSHORE DR 7TH FL MIAMI, FL 33133				Name <b>Charles D. Brecker, Esq.</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>c/o Katz Barron Squitiero Faust</b>	
				<b>100 N.E. 3rd Ave., #280</b>	
				City <b>Fort Lauderdale</b>	
				Zip Code <b>FL 33301</b>	
<b>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.</b>					
SIGNATURE:				DATE: <b>4/1/04</b>	
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing)				Charles D. Brecker, Esq.	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GIETTER, MICHAEL</b> <b>19725 SHERMAN WAY #160</b> <b>CANOGA PARK, CA 91306</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GIETTER, EVELYN</b> <b>19725 SHERMAN WAY #160</b> <b>CANOGA PARK, CA 91306</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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	
<b>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.</b>					
<b>SIGNATURE:</b> <b>Michael Gietter</b> <b>4/1/04</b> <b>(818) 703-6011</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

24036873



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