
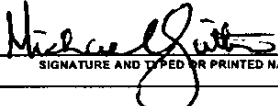


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90240 017 \*\*\*150.00

DOCUMENT # P97000081339					
1. Entity Name QUESCO, INC.					
Principal Place of Business C/O LOCUST GARDENS GP 1133 S UNIVERSITY DR PLANTATION, FL 33324			Mailing Address C/O CHARLES D BRECKER, KATZ BARRON ET AL <del>100 NE 3RD AVE #280</del> <del>FORT LAUDERDALE, FL 33301</del> <b>US</b> <b>C/O STEARNS WEAVER</b>		
2. Principal Place of Business		3. Mailing Address 200 E. Las Olas Blvd. Suite, Apt. #, etc. Suite 2100			
Suite, Apt. #, etc.		City & State Ft. Lauderdale			
City & State		4. FEI Number 65-0817873			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33301		USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent BRECKER, CHARLES D ESQ. <del>C/O KATZ BARRON SQUIERO FAUST</del> <del>100 NE 3RD AVE, #280</del> <del>FORT LAUDERDALE, FL 33301</del>			7. Name and Address of New Registered Agent Name <b>C/O STEARNS WEAVER, et al.</b> Street Address (P.O. Box Number is Not Acceptable) 200 E. Las Olas Blvd. Suite 2100 City Ft. Lauderdale FL Zip Code 33301		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIETTER, MICHAEL 19725 SHERMAN WAY #160 CANOGA PARK, CA 91306	<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 GIETTER, EVELYN 19725 SHERMAN WAY #160 CANOGA PARK, CA 91306	<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
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
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
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: 		Michael Gietter		3/20/06 954-462-7544	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	