2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # P97000081339 1. Entity Name QUESCO, INC. Principal Place of Business C/O LOCUST GARDENS GP 1133 S UNIVERSITY DR PLANTATION, FL 33324 DO NOTWRITE IN THIS SPACE

FILED Jul 22, 2008 08:00 AM Secretary of State

000000955931 07/22/03-80010-025 150.00



E ZABITTARE KIRA IBUKI TERILI DOMI KRIKI KARIL KATIN YAUKI TUKA

07072008 N

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0817873 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

			1.	A COLUMN TO THE PARTY OF THE PA		
BRECKER, CHARLES D ESQ. 200 E LAS OLAS BLVD STE 2100 FORT LAUDERDALE, FL 33301			DO NOT WRITE: IN THIS SPACE			
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 lamillar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed hame of registered apent and title II applicants. (NOTE: Registered Agent sign				(Jure raquired when re'nstating) DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Slection Campaign Fir Trust Fund Contribution			cing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation dld not receive the prior notice.	
10.	OFFICERS AND DIF	RECTORS	um Gogʻi	yer urangan ke		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIETTER, MICHAEL 19725 SHERMAN WAY #160 CANOGA PARK, CA 91306					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIETTER, EVELYN 19725 SHERMAN WAY #160 CANOGA PARK, CA 91306					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				F DO	NOT WRITE!	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				, in i	THIS SPACE	
NAME Street address						
TITLE NAME STREET ADORESS CITY-ST-ZIP						
NAME STREET ADORESS CITY-ST-ZIP	ertify that the information supplied with this	ifiling does not qualify for the exer	inplions confined and a shall be	ained in Chapter 119	Florida Statutes. I writer certify that the information	

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 AND T

MICHAEL GIETTER

7/10/08

818-703-601