2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000088772

1. Entity Name

SRQ ENTERPRISES, INC.



Principal Place of Business

2700 S TAMIAMI TRAIL

SUITE 2 SARASOTA, FL 34239 Mailing Address

POST OFFICE BOX 15154 SARASOTA, FL 34277-5154 FILED Mar 05, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

01242008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0793231

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALD, SHELDON G. 2700 S TAMIAMI TRAIL STE #2 SARASOTA. FL 34239

DO NOT WRITE IN THIS SPACE

CARAGOT	71,1E 04200					
8. The above the obligat	named entity submits this statement for the plions of registered agent	urpose of changing its regis	stered office or regis	stered agent, or bot	th, in the State of Florida. I am familiar with, and ac	cept
SIGNATURE	Signature, typed or printed name of registered agent and title	applicable, (NOTE: Reg.	stered Agent signature requ	sied when reinstating)	DATE	-
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fi Trust Fund Contribution		55.00 May Be dded to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALD, SHELDON G 2700 S TAMIAMI TRAIL, STE 2 SARASOTA, FL 34239					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY+ST+ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE			\$70-878.00.WA			

12. I hereby certify that the information supplies will the filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental results for each 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 of the receiver or trusted importance 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 attractiment with an address with an other like empowered.

SIGNATURE

NAME Street Address City-St-Zip

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>V</u>

Daytime Phone #