


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90349 030 ***150.00

DOCUMENT # P98000016200

1. Entity Name
INFOQUEST INTERNET TECHNOLOGIES, INC.



Principal Place of Business Mailing Address

621 NW 53 STREET **621 NW 53 STREET**
SUITE 240 **SUITE 240**
BOCA RATON, FL 33487 **BOCA RATON, FL 33487 US**

2. Principal Place of Business 3. Mailing Address

2001 WEST SAMPLE ROAD **2001 WEST SAMPLE ROAD**

Suite, Apt. #, etc. Suite, Apt. #, etc.


SUITE 301 **SUITE 301**

City & State City & State

POMPANO BEACH, FL **POMPANO BEACH, FL**

Zip Country Zip Country

33064 **U.S.A.** **33064** **U.S.A.**



04142004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0814983 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

PECK, DAVID
621 NW 53 STREET
SUITE 240
BOCA RATON, FL 33487

Name **SAM URESIN**

Street Address (P.O. Box Number is Not Acceptable)
2001 WEST SAMPLE ROAD

SUITE 301

City **POMPANO BEACH** **FL** Zip Code **33064**

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 *[Signature]* **SAM URESIN** **4/14/2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	PD PECK, DAVID B 621 NE 53ST, STE 240 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PECK, DAVID 2001 WEST SAMPLE ROAD, SUITE 301 POMPANO BEACH, FL 33064 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV URESIN, SEMIH 621 NW 53ST STE 240 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV URESIN, SAM 2001 WEST SAMPLE ROAD, SUITE 301 POMPANO BEACH, FL 33064 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* **SAM URESIN** **4/14/2004** **(954) 935-1350**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #