2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2007 08:00 A Secretary of State

	AITHVALIEL VILL			· Sa	Secretary of Sta			
DOCUMENT # P98000051419 1. Entity Name NEW QUEST, INC.				56	ci etai y	UI Sta		
13414 SW 1ST TERR	Mailing Address 13414 SW 1ST TERR MIAMI, FL 33184			171 - Se riii 20 15 - 188 11 - 18910 - 181	181 11811 B(882 11878 18(188)	II (es i		
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DO NOT WRITE I	^E	03122007 No	o Chg-P CR2	2E034 (11/05)				
DO NOT WRITE I	CE	4. FEI Number 65-1103804			plicable			
			5. Certificate of Stat	us Desired	\$8.75 Addition Fee Required	nal		
6. Name and Address of Current Regi	stered Agent							
VICIEDO, ROBERTO 13414 SW 1ST TERR MIAMI, FL 33184			,	OT WRIT	•			
IMICIANI, FE 33104			IN TH	IS SPAC	E			
8. The above named entity submits this statement for the the obligations of registered agent.	purpose of changing its registe	red office or registe	ered agent, or both, in the	ne State of Florida. I	am familiar with, and	accept		
SIGNATURE	a il applicable (NOTE Register	red Agent signature require	ori when reinstation)	, DA	TF.	_		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.			5.00 May Be ded to Fees	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
10. OFFICERS AND DIRE	CTORS	_	I .					
NAME VICIEDO, ROBERTO STREET ADDRESS 13414 SW 1ST TERR								
CITY-ST-ZIP MIAMI, FL 33184 DILE VPT					691307			
NAME PAGES, ARMANDO STREET ADDRESS 1871 SW 21 ST		, ,		-04/13/07 -04/13/07	80005-017	150,00		
CITY-SI-ZIP MIAMI, FL 33145								
NAME STREET ADDRESS			DO 14					
CITY-ST-ZIP		- 1	•	OT WRIT	ik. a	***		
NAME STREET ADDRESS			IN I H	IS SPAC	, E	•		
CITY-SI-2iP			•					
TITLE NAME STREET ADDRESS								
CITY-ST-ZIP								
TITLE NAME STREET ADDRESS				, `		÷		

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:

CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/07 305 613 8433