## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED DOCUMENT # P98000066659 Apr 21, 2005 08:00 AM Secretary of State Q INTERNATIONAL REALTY CORP. \* \* \* Principal Place of Business Mailing Address 3800 INVERRARY BLVD 3800 INVERRARY BLVD STE 1001 STE 1001 FT LAUDERDALE, FL 33319 \_\_ FT LAUDERDALE, FL 33319 04192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0853352 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YOUNG, VIVIEN M DO NOT WRITE 3800 INVERRARY BLVD **STE 1001** IN THIS SPACE FT LAUDERDALE, FL 33319 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. 4-19-05 dittle if applicable. (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PVD TITLE YOUNG, VIVIEN M NAME 2901 N W 47TH TERR #140 STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33313 U0000019512 TITLE 04/21/05-80001-001 150.00 NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CSTY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 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.

TURE AND TYPED OR PRINTED NAME OF RIGHING OFFICER OR DIRECTOR

4-19-05 954-316-6448

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