

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000084758

FILED
Mar 02, 2004
Secretary of State

Entity Name: SQMS, INC.

Current Principal Place of Business:

5451 SW 64 AVE.
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

5451 SW 64 AVE
DAVIE, FL 33314

New Mailing Address:

FEI Number: 65-0879445 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCMULLEN, SHERRY
5451 SW 64 AVE.
DAVIE, FL 33314

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEMPSEY, JUDY
Address: 1725 DAVIE BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: SD () Delete
Name: JOYCE, JOAN M
Address: 1725 DAVIE BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DEMPSEY, JUDY
Address: 5451 SW 64TH AVENUE
City-St-Zip: DAVIE, FL 33314

Title: SD (X) Change () Addition
Name: JOYCE, JOAN M
Address: 5451 SW 64TH AVENUE
City-St-Zip: DAVIE, FL 33314

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN JOYCE

SD

03/02/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date