

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000085686

1. Entity Name
QUANTUM HOLDING GROUP, INC.



Principal Place of Business

2400 HIGH RIDGE RD
STE 100
BOYNTON BEACH, FL 33426

Mailing Address

2400 HIGH RIDGE RD
STE 100
BOYNTON BEACH, FL 33426



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3547040	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DISHER, SCOTT B
2400 HIGH RIDGE RD
STE 100
BOYNTON BEACH, FL 33426

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000921940
05/15/08-80026-022 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME DISHER, SCOTT B
STREET ADDRESS 2400 HIGH RIDGE RD STE 100
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE D
NAME CAPONIGRO, CHRISTOPHER
STREET ADDRESS 2400 HIGH RIDGE RD STE 100
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT B. DISHER

4/22/08

561-733-8800

Date

Daytime Phone #