

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90388 008 \*\*\*150.00

**DOCUMENT # P98000103688**

1. Entity Name  
**QUAN & ASSOCIATES INC.**



Principal Place of Business  
**2800 COMMERCIAL BLVD  
STE 208  
FT. LAUDERDALE, FL 33308**

Mailing Address  
**2800 COMMERCIAL BLVD  
STE 208  
FT. LAUDERDALE, FL 33308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0883605**

Applied For  
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

**KATZ, ALLEN H P.A.  
2800 E COMMERCIAL BLVD  
STE 208  
FT. LAUDERDALE, FL 33308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2006 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  
QUANG, CHI  
7143 SOMERWORTH DR. L BLVD., STE. A  
ORLANDO, FL 32835 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Po Box 547187  
Orlando, FL 32854 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
QUANG, VON  
7143 SOMERWORTH DR. L BLVD., STE. A  
ORLANDO, FL 32835 ☐ Delete

TITLE  
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CITY - ST - ZIP  
Same ↑ ☐ Change ☐ Addition

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CITY - ST - ZIP  
☐ Change ☐ Addition

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

Date

Daytime Phone #

**3/6/2006**