

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90169 039 ***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**

40059636



2. Principal Place of Business - No P.O. Box #
950 N. WESTMORELAND DR.
Suite, Apt. #, etc.

3. Mailing Address
PO Box 547187
Suite, Apt. #, etc.

03122007 Chg-P CR2E034 (12/06)

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number
65-0883605

Applied For
Not Applicable

Zip
32804

Country

Zip
32854

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
QUANG, CHI
POB 547187
ORLANDO, FL 32854** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
QUANG, VON
POB 547187
ORLANDO, FL 32854** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
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 #

Quang X 4/10/07 X 816-3000