

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90670 027 \*\*\*163.75

**DOCUMENT # P99000007429**

**1. Entity Name**

**QUEBEC INTERNATIONAL, INC.**



**Principal Place of Business**

**1455 N. TREASURE DR STE 4B  
NORTH BAY VILLAGE FL 33141**

**Mailing Address**

**1455 N. TREASURE DR STE 4B  
NORTH BAY VILLAGE FL 33141**

**2. Principal Place of Business**

**12864 BISCAYNE BLVD.**

**Suite, Apt. #, etc.**

**SUITE # 217**

**City & State**

**NORTH MIAMI FL.**

**Zip**

**33181**

**Country**

**U.S.A.**

**3. Mailing Address**

**12864 BISCAYNE BLVD.**

**Suite, Apt. #, etc.**

**SUITE # 217**

**City & State**

**NORTH MIAMI FL.**

**Zip**

**33181**

**Country**

**U.S.A.**



**MOORE**

**CR2E034 (11/03)**

**4. FEI Number**

**62-1766390**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GIULIANI, GINETTE  
1455 N. TREASURE DRIVE  
SUITE 4B  
NORTH BAY VILLAGE FL 33141**

**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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.**



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

**10. OFFICERS AND DIRECTORS**

**TITLE** **S** ☐ Delete  
**NAME** **WOLFF, RUFUS**  
**STREET ADDRESS** **900 S SHACKLE FORD**  
**CITY-ST-ZIP** **LITTLE ROCK AR 72211**

**TITLE** **P** ☐ Delete  
**NAME** **GIULIANI, GINETTE**  
**STREET ADDRESS** **1455 N. TREASURE DR., STE 4B**  
**CITY-ST-ZIP** **N. BAY VILLAGE FL 33141**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** **P** ☒ Change ☐ Addition  
**NAME** **GIULIANI, GINETTE**  
**STREET ADDRESS** **12864 BISCAYNE BLVD, SUITE # 217**  
**CITY-ST-ZIP** **NORTH MIAMI FLORIDA 33181**

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

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

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

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

**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.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 7<sup>th</sup> 2004**

Date

Daytime Phone #

**305-733-7024**