2005 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 29, 2005 8:00 am Secretary of State **DOCUMENT # P99000025131** 08-29-2005 90146 001 ***150.00 1. Entity Name SZQ ENTERPRISES, INC. Principal Place of Business Mailing Address 50063879 440 S FEDERAL HWY 440 S FEDERAL HWY SUITE 102 SUITE 102 DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08082005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0986757 Not Applicable -Zip-Country -Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MURRAY, SUSAN D Street Address (P.O. Box Number is Not Acceptable) 2020 N.E. 27 COURT LIGHTHOUSE POINT, FL 33064 City 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 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 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 7, 2005 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition MURRAY, SUSAN D NAME NAME STREET ADDRESS 2020 N.E. 27 COURT STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAM NAME ST ADDRESS STREET ADDRESS

CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 affact ment with an address, with all other like empowered.

SIGNATURE:

FILED



ATTACHMENT SOULS 879

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 10, 2005

SZQ ENTERPRISES, INC. 440 S FEDERAL HWY SUITE 102 DEERFIELD BEACH, FL 33441

SUBJECT: SZQ ENTERPRIŞES, INC.

Ref. Number: P99000025131)

We have received your document for SZQ ENTERPRISES, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

An officer or director must sign the report.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section

Division of Corporations Letter Number: 005A00051272