2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000031429

Entity Name: QUEST SPORT, INC.

P.O. BOX 566452

PINECREST, FL 33256

Address:

City-St-Zip:

FILED Jan 13, 2008 Secretary of State

Entity Na	me: QUEST	SPORT, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
8818 SW 127 AVE MIAMI, FL 33176			9363 SW 182 ST MIAMI, FL 33157		
Current N	lailing Addre	ss:	New Mailing Addres	New Mailing Address:	
P.O. BOX 566452 PINECREST, FL 33256			9363 SW 182 ST MIAMI, FL 33157		
FEI Number	: 65-0908520	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
AQUILA, J 8818 SW MIAMI, FL	127 AVE		AQUILA, JASON 9363 SW 182 ST MIAMI, FL 33157	Js	
	named entity e of Florida.	submits this statement for the p	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: JASON AQUILA				01/13/2008	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (AQUILA, JASO P.O. BOX 566- PINECREST, F	452	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (HEARNS, MICI P.O. BOX 566- PINECREST, F	452	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (AQUILA, NATA P.O. BOX 566- PINECREST, F	452	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (HEARNS, TYR) Delete A	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JASON AQUILA P 01/13/2008