

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90167 001 \*\*\*600.00

**DOCUMENT # P99000111775**

1. Entity Name  
**QUADRANT SECURITIES, INC.**



Principal Place of Business  
**515 N FLAGLER DRIVE  
SUITE 300P  
WEST PALM BEACH, FL 33401**

Mailing Address  
**515 N FLAGLER DRIVE  
SUITE 300P  
WEST PALM BEACH, FL 33401**

**66015208**



2. Principal Place of Business - No P.O. Box #

**501 Faulconer Dr.  
Suite 1-A**

3. Mailing Address

**501 Faulconer Dr.  
Suite 1-A**

04242007 Chg-P CR2E034 (12/06)

City & State  
**Charlottesville, VA**

City & State  
**Charlottesville VA**

4. FEI Number  
**65-1057638**

Applied For  
Not Applicable

Zip  
**22903**

Country

Zip  
**22903**

Country

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

6. Name and Address of Current Registered Agent

**HARVEY, JEREMY G  
515 N FLAGLER DR SUITE 300P  
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name **Brahm J. Levine**  
Street Address (P.O. Box Number is Not Acceptable)  
**500 S. Australian Ave.  
#610**  
City **West Palm Beach FL** Zip Code **33401-6230**

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

*Brahm J. Levine*

**Apr. 24/07**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
HARVEY, JEREMY G  
515 N FLAGLER DRIVE, SUITE 300P  
WEST PALM BEACH, FL 33401** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**501 Faulconer Dr.  
Charlottesville, VA 22903** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

*Jeremy G. Harvey*

**04/20/07. 434 984 2265.**

Daytime Phone #