

2007 FOR PROFIT CORPORATION ANNUAL REPORT


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Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90018 015 ***150.00

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01162007 Chg-P CR2E034 (12/06)

DOCUMENT # V32944					
1. Entity Name QUANTUM DEVELOPMENT GROUP, INC.					
Principal Place of Business 100 S. BISCAYNE BLVD. SUITE 1100 900 MIAMI, FL 33131 US		Mailing Address 100 S. BISCAYNE BLVD. SUITE 1100 900 MIAMI, FL 33131 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3133604	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOLLO, JEROME 100 S. BISCAYNE BLVD. SUITE 1100 900 MIAMI, FL 33131			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOLLO, JEROME S	NAME			
STREET ADDRESS	100 S. BISCAYNE BLVD SUITE 1100	STREET ADDRESS	Suite 900		
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOLLO, TIBOR	NAME			
STREET ADDRESS	100 S. BISC. BLVD, SUITE 1100	STREET ADDRESS	suite 900		
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP			
TITLE	VP Wayne Hollo <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	100 S Biscayne Blvd	NAME			
STREET ADDRESS	Miami, FL 33131	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	T Leonard Katz <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	100 S Biscayne Blvd	NAME			
STREET ADDRESS	Miami, FL 33131	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 powers.					
SIGNATURE: _____		Leonard Katz		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

015-1105