

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056337

FILED  
Jan 18, 2007  
Secretary of State

Entity Name: QUALITAS ASSISTANCE, L.L.C.

**Current Principal Place of Business:**

150 SE 2ND AVE  
SUITE 715  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

150 SE 2ND AVE  
SUITE 715  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 56-2473354

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOUED, ALFONSO  
150 SE 2ND AVE  
SUITE 715  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CAMPOS, ALEXANDER  
Address: 2333 PONCE DE LEON BLVD., SUITE 308  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Delete  
Name: SOUED, ALFONSO  
Address: 150 SE 2ND AVE SUITE 715  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CAMPOS, ALEXANDER  
Address: 150 SE 2ND AVE. SUITE 715  
City-St-Zip: MIAMI, FL 33131

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALFONSO SOUED

MGR

01/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date