

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000032088

FILED
Feb 15, 2008
Secretary of State

Entity Name: QUALISUPPLY, INC.

Current Principal Place of Business:

15970 W. STATE ROAD 84 #226
SUNRISE, FL 33326

New Principal Place of Business:

20851 JOHNSON STREET
UNIT #119
PEMBROKE PINES, FL 33029

Current Mailing Address:

15970 W. STATE ROAD 84 #226
SUNRISE, FL 33326

New Mailing Address:

20851 JOHNSON STREET
UNIT #119
PEMBROKE PINES, FL 33029

FEI Number: 20-8662130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, GERALD
2711 EXECUTIVE PARK DRIVE
SUITE #1
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEREZ, RICARDO A
Address: 15970 W. STATE ROAD 84 #226
City-St-Zip: SUNRISE, FL 33326

Title: VD () Delete
Name: DE DOMINGUEZ, LIGIA L
Address: 15970 W. STATE ROAD 84 #226
City-St-Zip: SUNRISE, FL 33326

Title: SD () Delete
Name: DE ESCOTE, ANA J
Address: 15970 W. STATE ROAD 84 #226
City-St-Zip: SUNRISE, FL 33326

Title: TD () Delete
Name: TORRES, SUSANA D
Address: 15970 W. STATE ROAD 84 #226
City-St-Zip: SUNRISE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SALCEDO, RICARDO A
Address: 20851 JOHNSON STREET UNIT #119
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VD (X) Change () Addition
Name: DE DOMINGUEZ, LIGIA L
Address: 20851 JOHNSON STREET UNIT #119
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SD (X) Change () Addition
Name: DE ESCOTE, ANA J
Address: 20851 JOHNSON STREET UNIT #119
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TD (X) Change () Addition
Name: TORRES, SUSANA D
Address: 20851 JOHNSON STREET UNIT #119
City-St-Zip: PEMBROKE PINES, FL 33029

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.

SIGNATURE: RICARDO A. SALCEDO

PD

02/15/2008

Electronic Signature of Signing Officer or Director

_____ Date