


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90299 008 ****50.00

DOCUMENT # L00000011952

1. Entity Name -
QUALITRON LLC



Principal Place of Business
**701 BRICKELL AVE. SUITE 3000
 MIAMI, FL 33131**

Mailing Address
**701 BRICKELL AVE. SUITE 3000
 MIAMI, FL 33131**

24028143



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03032004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1061464

Applied For
 Yes Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required.**

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
 701 BRICKELL AVE., SUITE 3000
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, JACK	
STREET ADDRESS	19355 TURNBERRY WAY #26J	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, ANAMARIA	
STREET ADDRESS	19355 TURNBERRY WAY #26J	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAGEN, STEVEN H	
STREET ADDRESS	701 BRICKELL AVE., STE. 3000	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/22/04
 Date

Daytime Phone # **305-692-3544**