

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

|                                    |                                                                                   |
|------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P99000084936            |  |
| 1. Entity Name<br>QUALMETRIX, INC. |                                                                                   |

|                                                                                |                                                                    |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Principal Place of Business<br>11767 S DIXIE HWY<br>STE 117<br>MIAMI, FL 33156 | Mailing Address<br>11767 S DIXIE HWY<br>STE 117<br>MIAMI, FL 33156 |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



01032005 No Chg-P CR2E034 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0951298 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

**6. Name and Address of Current Registered Agent**

TANEN, JEFFREY S  
C/O GOLDSTEIN & TANEN, PA  
2 S BISCAYNE BLVD ST E3250  
MIAMI, FL 33131

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                                                    |                                                                        |
|----------------------------------------------------|------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DP<br>SCHIMMEL, LAWRENCE<br>11767 S DIXIE HWY, #117<br>MIAMI, FL 33156 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DS<br>SHOMER, TIGHE<br>11767 S DIXIE HWY, #117<br>MIAMI, FL 33156      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>RUSSIN, DAVID<br>11767 S DIXIE HWY, #117<br>MIAMI, FL 33156       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>RICE, THOMAS<br>11767 S DIXIE HWY<br>MIAMI, FL 33156              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        |

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01/11/05-80020-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Tighe Shomer 1/3/05 305 252-6100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #