



**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

2/

02-07-2005 90278 037 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L04000056337</b>			
1. Entity Name <b>QUALITAS ASSISTANCE, L.L.C.</b>			
Principal Place of Business <b>2333 PONCE DE LEON BLVD., SUITE 308 CORAL GABLES, FL 33134</b>		Mailing Address <b>2333 PONCE DE LEON BLVD., SUITE 308 CORAL GABLES, FL 33134</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>56-2473354</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent <b>CHAMBLISS, CHRISTOPHER 2333 PONCE DE LEON BLVD., SUITE 308 CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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 state if applicable.		(NOTE: Registered Agent signature required when removing)	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMPOS, ALEXANDER</b>	NAME	
STREET ADDRESS	<b>2333 PONCE DE LEON BLVD., SUITE 308</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>	CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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: 		Date: <b>01-19-2005</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: <b>305-5292259</b>	

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01122005 Chg-LLC CR2E083 (10/03)

4. FEI Number **56-2473354** Applied For  Not Applicable

5. Certificate of Status Desired  Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAMBLISS, CHRISTOPHER  
2333 PONCE DE LEON BLVD., SUITE 308  
CORAL GABLES, FL 33134**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City

FL Zip Code

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

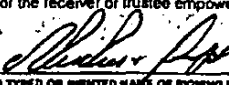
**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

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