

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000084936

1. Entity Name
QUALMETRIX, INC.



Principal Place of Business
11767 S DIXIE HWY
STE 117
MIAMI, FL 33156

Mailing Address
11767 S DIXIE HWY
STE 117
MIAMI, FL 33156



DO NOT WRITE IN THIS SPACE

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0951298

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

**DO NOT WRITE
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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

000000379012
01/10/06-80005-012 150.00
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
DP
SCHIMMEL, LAWRENCE
11767 S DIXIE HWY, #117
MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
DS
SHOMER, TIGHE
11767 S DIXIE HWY, #117
MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
RUSSIN, DAVID
11767 S DIXIE HWY, #117
MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
RICE, THOMAS
11767 S DIXIE HWY
MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tighe Shomer / Tighe Shomer 1/5/2006 305 252-6100