


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90170 027 ****50.00

DOCUMENT # L04000056337

1. Entity Name
QUALITAS ASSISTANCE, L.L.C.



Principal Place of Business
2333 PONCE DE LEON BLVD., SUITE 308
CORAL GABLES, FL 33134

Mailing Address
2333 PONCE DE LEON BLVD., SUITE 308
CORAL GABLES, FL 33134

20005198



2. Principal Place of Business
150 SE 2nd Ave
 Suite, Apt. #, etc.
715

3. Mailing Address
150 SE 2nd Ave
 Suite, Apt. #, etc.
715

01302006 Chg-LLC CR2E083 (11/05)

City & State
Miami, FL

City & State
Miami FL

Zip
33131

Country
USA

Zip
33131

Country
USA

4. FEI Number
56-2473354

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
ALFONSO SOUED

Street Address (P.O. Box Number is Not Acceptable)
150 SE 2ND AVE

SUITE 715

City
MIAMI

FL Zip Code
33131

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]* DATE **1/29/06**

Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent Signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPOS, ALEXANDER 2333 PONCE DE LEON BLVD., SUITE 308 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALFONSO SOUED 150 SE 2ND AVE SUITE 715 MIAMI, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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]* DATE **1/29/06** 305 358 02 65

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #