

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056337

FILED
Jan 18, 2007
Secretary of State

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

Current Principal Place of Business:

150 SE 2ND AVE
SUITE 715
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

150 SE 2ND AVE
SUITE 715
MIAMI, FL 33131

New Mailing Address:

FEI Number: 56-2473354 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SOUED, ALFONSO
150 SE 2ND AVE
SUITE 715
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAMPOS, ALEXANDER
Address: 2333 PONCE DE LEON BLVD., SUITE 308
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: SOUED, ALFONSO
Address: 150 SE 2ND AVE SUITE 715
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAMPOS, ALEXANDER
Address: 150 SE 2ND AVE. SUITE 715
City-St-Zip: MIAMI, FL 33131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALFONSO SOUED

MGR

01/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date