

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000089663

Entity Name: QUALITY VIP CARE INC.

Current Principal Place of Business:

5050 NW 7 ST
304
MIAMI, FL 33126

Current Mailing Address:

5050 NW 7 ST
304
MIAMI, FL 33126

FEI Number: 85-4083238

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORALES, ILIANA LEONOR
5050 NW 7 ST
304
MIAMI, FL 33126 US

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

Officer/Director Detail :

Title P
Name MORALES, ILIANA LEONOR
Address 5050 NW 7 ST APT 304
City-State-Zip: MIAMI FL 33126

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ILIANA L EONOR MORALES

PRESIDENT

04/09/2024

Electronic Signature of Signing Officer/Director Detail

Date