

**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