

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90031 009 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 333165 1. Entity Name QSR, INC.					
Principal Place of Business 6300 N.W. 31ST AVENUE FT. LAUDERDALE, FL 33309			Mailing Address 6300 N.W. 31ST AVENUE FT. LAUDERDALE, FL 33309		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1407163 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03172008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES, INC. ONE BISCAYNE TOWER, 21ST FL 2 SOUTH BISCAYNE BLVD MIAMI, FL 33131			7. Name and Address of New Registered Agent Name PERLMAN, YEYOLI & ALBRIGHT PL Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ANDREWS AVE. SUITE 600 City FT. LAUDERDALE FL Zip Code 33301		
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 <i>[Signature]</i> Jason E. Perlman, Pres. 3/19/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB LORBER, HOWARD 1400 OLD COUNTRY ROAD SUITE 400 WESTBURY, NY 11590	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOGEL, BERNARD H. 6300 NW 31ST AVE. FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PERLYN, DONALD 6300 NW 31 AVENUE FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHWAT, GLENN 6300 NW 31ST AVE. FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP NORBITZ, WAYNE 1400 OLD COUNTRY ROAD SUITE 400 WESTBURY, NY 11590	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P HERMAN, GARY 720 5TH AVE., 10TH FLOOR NEW YORK, NY 10019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT DEVOS, RONALD 1400 OLD COUNTRY ROAD SUITE 400 WESTBURY, NY 11590	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WODA, JERRY 6300 NW 31 AVENUE FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GATOFF, ERIC 1400 OLD COUNTRY ROAD SUITE 400 WESTBURY, NY 11590	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03/18/08 954.973-0000 <small>Date Daytime Phone #</small>		