

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # F97000000921

1. Entity Name
QS RETAIL, INC.



Principal Place of Business
750 COLLINS AVE
MIAMI, FL 33139

Mailing Address
15362 GRAHAM ST
HUNTINGTON BEACH, CA 92649



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number
33-0740505

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000948730
06/02/08-80067-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	EXON, CHARLES
STREET ADDRESS	15202 GRAHAM STREET
CITY-ST-ZIP	HUNTINGTON BEACH, CA 92649
TITLE	CFO
NAME	BUSSIÈRE, BILL
STREET ADDRESS	15202 GRAHAM STREET
CITY-ST-ZIP	HUNTINGTON BEACH, CA 92649
TITLE	SECR
NAME	EXON, CHARLES
STREET ADDRESS	15202 GRAHAM ST
CITY-ST-ZIP	HUNTINGTON BEACH, CA 92649
TITLE	VPT
NAME	FULLERTON, SCOTT
STREET ADDRESS	15202 GRAHAM ST
CITY-ST-ZIP	HUNTINGTON BEACH, CA 92649
TITLE	VPAS
NAME	PENCE, SEAN
STREET ADDRESS	15202 GRAHAM ST
CITY-ST-ZIP	HUNTINGTON BEACH, CA 92649
TITLE	SRVP
NAME	SELL, BRAD
STREET ADDRESS	15202 GRAHAM ST
CITY-ST-ZIP	HUNTINGTON BEACH, CA 92649

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Fullerton

4/22/08

(714) 889-2200

Date

Daytime Phone #