


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 8:00 am
Secretary of State

01-10-2008 90011 023 ***158.75

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| DOCUMENT # G98689 1. Entity Name QUALITY SOLUTIONS GROUP INC. |  |
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| Principal Place of Business C/O REINOL GONZALEZ 7642 S.W. 96TH COURT MIAMI, FL 33173 US | Mailing Address PO BOX 830576 MIAMI, FL 33283 US |
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66000743



01062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-2389439 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent GONZALEZ, REINOL 7642 S.W. 96TH COURT MIAMI, FL 33173 |
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**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 _____ (NOTE: Registered Agent signature required when nonattesting) 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**

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD GONZALEZ, TERESITA A. 7642 SW 96 CT MIAMI, FL 33173 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD GONZALEZ, REINOL 7642 SW 96 CT MIAMI, FL 33173 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S GONZALEZ, REINOL A 13877 SW 44TH ST DAVIE, FL 33330 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T SAENZ, CECILIA 10425 SW 98 ST MIAMI, FL 33176 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**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: *Teresita Gonzales* 2/2/08 (305) 3180995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #