


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-10-2008 90011 023 ***158.75

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



DO NOT WRITE IN THIS SPACE

01062008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

GONZALEZ, REINOL
7642 S.W. 96TH COURT
MIAMI, FL 33173

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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 nonstatutory) 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	
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: *Reinold Gonzalez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/08 (305) 3180995
Date Daytime Phone