

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G98689

FILED
Mar 19, 2009
Secretary of State

Entity Name: QUALITY SOLUTIONS GROUP INC.

Current Principal Place of Business:

C/O REINOL GONZALEZ
7642 S.W. 96TH COURT
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 830576
MIAMI, FL 33283 US

New Mailing Address:

FEI Number: 59-2389439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: GONZALEZ, TERESITA A, .
Address: 7642 SW 96 CT
City-St-Zip: MIAMI, FL 33173

Title: PD (X) Delete
Name: GONZALEZ, REINOL,
Address: 7642 SW 96 CT
City-St-Zip: MIAMI, FL 33173

Title: S () Delete
Name: GONZALEZ, REINOL A
Address: 13877 SW 44TH ST
City-St-Zip: DAVIE, FL 33330

Title: T () Delete
Name: SAENZ, CECILIA
Address: 10425 SW 98 ST
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GONZALEZ, REINOL,
Address: 7642 SW 96 CT
City-St-Zip: MIAMI, FL 33173

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: REINOL GONZALEZ

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date