



FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # H82814		1. Entity Name QSYS CORPORATION				Apr 03, 2008 08:00 Secretary of State	
Principal Place of Business P O BOX 560352 MIAMI, FL 33256		Mailing Address P O BOX 560352 MIAMI, FL 33256					
DO NOT WRITE IN THIS SPACE						04062008 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-2594788				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 HODGES, JOHN 7800 SW 134 STREET MIAMI, FL 33156				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 _____ <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 <input type="checkbox"/> Trust Fund Contribution		\$5.00 May Be Added to Fees		04/21/08-80005-021 150.00	
10. OFFICERS AND DIRECTORS				DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD HODGES, JOHN 7800 SW 134 ST. MIAMI, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SD HODGES, CARLA 7800 SW 134 ST. MIAMI, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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: _____		JOHN K. HODGES		4/6/08		CELL PHONE _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	