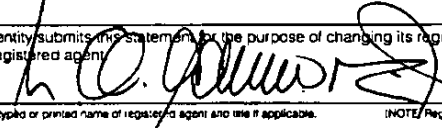
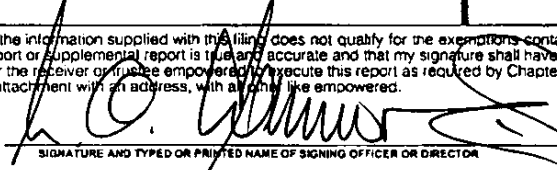


FILED
Mar 12, 2007 8:00 am
Secretary of State

02-21-2007 90026 026 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K57049 1. Entity Name QUALITA FINANCIAL GROUP, INC.			
Principal Place of Business 1000 BRICKELL AVE. SUITE 610 MIAMI, FL 33131		Mailing Address 1000 BRICKELL AVE. SUITE 610 MIAMI, FL 33131	
DO NOT WRITE IN THIS SPACE			
			
		02072007 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0092589		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMARGO, MARIO E 1000 BRICKELL AVENUE STE 610 MIAMI, FL 33131		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  MARIO E. CAMARGO DATE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when resigning)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMARGO, MARIO E 1000 BRICKELL AVENUE SUITE 610 MIAMI, FL 33131		
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 names like empowered. SIGNATURE:  3/5/07 305 448 1010 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			