


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 APR 20 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000017684					
1. Entity Name QUALITY CONSULTING, LLC					
Principal Place of Business 440 PHIPPEN-WAITERS RD. DANIA, FL 33004			Mailing Address 440 PHIPPEN-WAITERS RD. DANIA, FL 33004		
2. Principal Place of Business		3. Mailing Address 5300 W 16 AVE Suite, Apt. #, etc. HIALEAH, FL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03302004 Chg-LLC CR2E083 (10/03)	
33012		USA		4. FEI Number 59-2190547	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CROSS, K.C. 440 PHIPPEN-WAITERS RD. DANIA, FL 33004			7. Name and Address of New Registered Agent Corp.Direct Agents, Inc. 103 N. Meridian Street, Lower Level Tallahassee, FL 32301		
CROSS, K.C. 440 PHIPPEN-WAITERS RD. DANIA, FL 33004			Corp.Direct Agents, Inc. 103 N. Meridian Street, Lower Level Tallahassee, FL 32301		
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 <u>E.C. L.</u> ASST. SEC. DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROSS, K.C. 2884 WEST ORHARD CIR. DAVIE, FL 33328		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P K.C. Cross 5300 W. 16 th Avenue Hialeah, FL 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000034410600 04/28/04--01028--024 **50.00		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000034410600 04/28/04--01028--024 **50.00	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>[Signature]</u>			4/15/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		