

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007856

FILED
May 02, 2005
Secretary of State

Entity Name: QUALITY MARKETING & PROMOTIONS, LLC

Current Principal Place of Business:

2952 SPRING HEATHER PLACE
OVIEDO, FL 32766

New Principal Place of Business:

15990 NW 49 AVE
MIAMI, FL 33014

Current Mailing Address:

2952 SPRING HEATHER PLACE
OVIEDO, FL 32766

New Mailing Address:

15990 NW 49 AVE
MIAMI, FL 33014

FEI Number: 57-1153099 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TOVAR DEL CORRAL, JOSE G
ARIAS TOVAR & ASSOCIATES, PA
8180 NW 36TH ST., STE. 100T
MIAMI, FL 33166 US

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

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: PEREZ, GUSTAVO
Address: 2952 SPRING HEATHER PLACE
City-St-Zip: OVIEDO, FL 32766

Title: MGR () Delete
Name: PEREZ, ALFREDO
Address: 11233 NW 57 LANE
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DELFINO, HEIDI
Address: 9755 NW 52 ST. 112
City-St-Zip: DORAL, FL 33178

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

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HEIDI DELFINO

MGR

05/02/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date