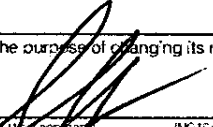
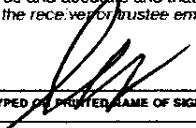


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90272 021 ****50.00

DOCUMENT # L03000045516 1. Entity Name QUALITIZE L.L.C.					
Principal Place of Business 3020 NW 68TH ST #206 FT LAUDERDALE, FL 33309			Mailing Address 3020 NW 68TH ST #206 FT LAUDERDALE, FL 33309		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0429191	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SCHIANO, GEORGE 3020 NW 68TH ST #206 FT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  DATE: 04-06-04 Signature, typed or printed name of registered agent, and date of filing. (NOTE: Registered Agent signature required when re-electing)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS (MGRM) Administrative Manager ☐ Delete Carrie Schiano 3020 NW 68th St #206 Ft. Lauderdale FL 33309			10. ADDITIONS/CHANGES TITLE ☐ Change ☐ Add/On NAME STREET ADDRESS CITY - ST - ZIP 		
TITLE ☐ Delete NAME STREET ADDRESS CITY - ST - ZIP 			TITLE ☐ Change ☐ Add/On NAME STREET ADDRESS CITY - ST - ZIP 		
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TITLE ☐ Delete NAME STREET ADDRESS CITY - ST - ZIP 			TITLE ☐ Change ☐ Add/On NAME STREET ADDRESS CITY - ST - ZIP 		
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/trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  George Schiano 04/06/04 954-907-2330 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					