

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/28/2004-90066-042-\$50.00-\$50.00

FILED

04 JUN 16 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

34006561



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          |                                                                                          |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L03000047238</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          |                                                                                          |                                                                   |
| 1. Entity Name<br><b>CUSTOM QUALITY SOLUTIONS LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                          |                                                                                          |                                                                   |
| Principal Place of Business<br><b>700 SW 76TH TERR<br/>NORTH LAUDERDALE, FL 33068</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                          | Mailing Address<br><b>700 SW 76TH TERR<br/>NORTH LAUDERDALE, FL 33068</b>                |                                                                   |
| 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<br><b>20-0426998</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable                                   |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          | 5.00 Additional Fee Required                                                             |                                                                   |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          | 7. Name and Address of New Registered Agent                                              |                                                                   |
| <b>BUSINESS FILINGS INCORPORATED<br/>660 E JEFFERSON ST<br/>TALLAHASSEE, FL 32301</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                          | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |                                                                   |
| 8. The above named entity admits 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 <i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                          | DATE <b>04/26/04</b>                                                                     |                                                                   |
| Filing Fee is \$50.00<br>Due by May 1, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                          | Make check payable to<br>Florida Department of State                                     |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                          | 10. ADDITIONS/CHANGES                                                                    |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>PARTNER (CEO)<br/>TERRY RICHARD<br/>700 SW 76TH NORTH LAUDERDALE<br/>FL 33068</b>     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>PARTNER (CEO)<br/>DANA RICHARD<br/>700 SW 76TH TERR<br/>NORTH LAUDERDALE FL 33068</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>PARTNER (VP)<br/>MARK KAULT<br/>1251 SIENNA RIDGE LANE<br/>LAUDERDALE, FL 33319</b>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          | DATE <b>04/01/04</b> 954-722-4036                                                        |                                                                   |

L03000047238

FILED  
04 JUN 16 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Section 9 should read as follows

Title: Partner (CEO)  
Name: Terry Rickard  
Street Address: 700 SW 76<sup>th</sup> Terrace  
City-ST-Zip: North Lauderdale, Fl 33068

Title: Partner (CFO)  
Street Address: 700 SW 76<sup>th</sup> Terrace  
City-ST-Zip: North Lauderdale, Fl 33068

Title: Marc Kraut  
Street Address: 7251 Sienna Ridge Lane  
City-ST-Zip: Lauder Hill. Fl 33319

BN

B