

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025993

Entity Name: QBSM HOLDINGS, LLC

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

PO BOX 254
FORT LAUDERDALE, FL 33302

New Principal Place of Business:

Current Mailing Address:

PO BOX 254
FORT LAUDERDALE, FL 33302

New Mailing Address:

FEI Number: 20-0972639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAGAROLO, NICOLA L ESQ.
3800 NORTHEAST THIRD AVENUE
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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/MANAGERS:

Title: MGRM () Delete
Name: QUANTUM BLACKSTAR LT, D.,S.A.
Address: 522 BALBOA PLAZA
City-St-Zip: AVENIDA BALBOA, PA PA R.O.P.

Title: MGR () Delete
Name: BATTOO, NIKOLAI
Address: 10619 WEST ATLANTIC BLVD.
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGR () Delete
Name: GUERRA, COLLETTE
Address: PO BOX 254
City-St-Zip: FORT LAUDERDALE, FL 33302

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: BATTOO, NIKOLAI
Address: 10619 WEST ATLANTIC BLVD., SUITE 104
City-St-Zip: CORAL SPRINGS, FL 33071

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 Chapter 119, 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: NIKOLAI BATTOO

MGR

04/27/2006

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