
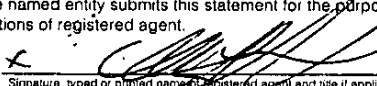
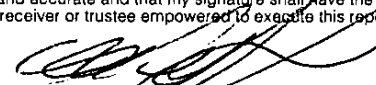


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90170 027 ****50.00

DOCUMENT # L04000056337 1. Entity Name QUALITAS ASSISTANCE, L.L.C.					
Principal Place of Business 2333 PONCE DE LEON BLVD., SUITE 308 CORAL GABLES, FL 33134			Mailing Address 2333 PONCE DE LEON BLVD., SUITE 308 CORAL GABLES, FL 33134		
2. Principal Place of Business 150 SE 2nd Ave Suite, Apt. #, etc. 715			3. Mailing Address 150 SE 2nd Ave Suite, Apt. #, etc. 715		
City & State Miami, FL Zip 33131			City & State Miami FL Zip 33131		
Country USA			Country USA		
4. FEI Number 56-2473354			Applied For <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 CHAMBLISS, CHRISTOPHER 2333 PONCE DE LEON BLVD., SUITE 308 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name ALFONSO SOUED Street Address (P.O. Box Number is Not Acceptable) 150 SE 2ND AVE SUITE 715 City MIAMI FL Zip Code 33131		
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  1/29/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPOS, ALEXANDER 2333 PONCE DE LEON BLVD., SUITE 308 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALFONSO SOUED 150 SE 2ND AVE SUITE 715 MIAMI, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemptions contained in Chapter 119, 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: 			1/29/06 305 358 02 65 <small>Date Daytime Phone #</small>		

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