

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083595

FILED
May 29, 2007
Secretary of State

Entity Name: QUALITY TRADE & DEVELOPMENT LLC

Current Principal Place of Business:

900 WEST AVE
233
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

19390 COLLINS AVE
1517
SUNNY ISLES, FL 33160 US

Current Mailing Address:

900 WEST AVE
233
MIAMI BEACH, FL 33139 US

New Mailing Address:

19390 COLLINS AVE
1517
SUNNY ISLES, FL 33160 US

FEI Number: 16-1710309 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

DIAZ, GUILLERMO SR.
1528 SW 5TH STREET
6
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

DIAZ, GUILLERMO SR.
19390 COLLINS AVE
1517
SUNNY ISLES, FL 33160 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: GUILLERMO DIAZ

05/29/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NUNEZ OWENS, MONICA G MRS.
Address: 900 WEST AVE SUITE 233
City-St-Zip: MIAMI BEACH, FL 33139 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NUNEZ OWENS, MONICA G MRS.
Address: 19390 COLLINS AVE SUITE 1517
City-St-Zip: SUNNY ISLES, FL 33160 US

I hereby certify that the information supplied with this filing does not qualify 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: MONICA NUNEZ OWENS

MGRM

05/29/2007

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