

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001071

FILED  
May 02, 2006  
Secretary of State

**Entity Name:** QUALITY UNITED EDUCATION, INC.

**Current Principal Place of Business:**

13227 N.W. 7TH AVENUE  
NORTH MIAMI, FL 33168 US

**New Principal Place of Business:**

**Current Mailing Address:**

13227 N.W. 7TH AVENUE  
NORTH MIAMI, FL 33168 US

**New Mailing Address:**

**FEI Number:** 65-0469071 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ROBINSON, RUBINOFF  
19720 N.W. 40TH AVE.  
MIAMI, FL 33055 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ROBINSON, RUBINOFF  
Address: 19720 N.W. 40TH AVE.  
City-St-Zip: MIAMI, FL 33058

Title: VT ( ) Delete  
Name: ROBINSON, DALE  
Address: 19720 N.W. 40TH AVE.  
City-St-Zip: MIAMI, FL 33058

Title: TT ( ) Delete  
Name: EASON, LAVERNE  
Address: 17000 N.W. 67TH AVE.  
City-St-Zip: MIAMI, FL 33015

Title: ST ( ) Delete  
Name: WARIBOKO, JENNY  
Address: 19720 NW 40TH AVE  
City-St-Zip: OPA LOCKA, FL 33055

Title: MA ( ) Delete  
Name: GRANT, SAM  
Address: 2550 N.W. 115TH ST.  
City-St-Zip: MIAMI, FL 33167

Title: PR ( ) Delete  
Name: GORDON, CHRISTINA  
Address: 2481 OAKGARDEN LANE  
City-St-Zip: HOLLYWOOD, FL 33020

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBINOFF ROBINSON

PD

05/02/2006

Electronic Signature of Signing Officer or Director

Date