

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001071

FILED
Mar 16, 2009
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 (X)

Name and Address of Current Registered Agent:

ROBINSON, RUBINOFF
6 N.E. 152ND STREET
NORTH MIAMI, FL 33162 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: 6 N.E. 152ND STREET
City-St-Zip: NORTH MIAMI, FL 33162

Title: VT () Delete
Name: ROBINSON, DALE
Address: 6 N.E. 152ND STREET
City-St-Zip: NORTH MIAMI, FL 33162

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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WASHINGTON, PATRENIA
Address: 14421 NW 15TH DRIVE
City-St-Zip: MIAMI, FL 33167

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

Title: TT (X) Change () Addition
Name: DICKERSON, SANDRA
Address: 796 NW 186 DRIVE
City-St-Zip: MIAMI, FL 33169

Title: ST (X) Change () Addition
Name: TURNER, RACHEL
Address: 13976 NW 22ND PLACE
City-St-Zip: OPA LOCKA, FL 33054

Title: CC () Change (X) Addition
Name: EASON, LAVERN
Address: 17000 NW 67TH AVENUE
City-St-Zip: MIAMI, FL 33015

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 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: DALE ROBINSON

VT

03/16/2009

Electronic Signature of Signing Officer or Director

Date