



**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

<h1 style="margin: 0;">DOCUMENT # P01000045026</h1>		
<p>1. Entity Name <b>HIGH QUALITY BUSINESS, INC.</b></p>		
<p>Principal Place of Business <b>8110 NW 60 ST. MIAMI, FL 33166</b></p>		<p>Mailing Address <b>8110 NW 60 ST. MIAMI, FL 33166</b></p>
<p>2. Principal Place of Business <b>11957 SW 110 St. Circle So.</b></p>		<p>3. Mailing Address <b>11957 SW 110 St. Circle</b></p>
<p>Suite, Apt. #, etc.</p>		<p>Suite, Apt. #, etc.</p>
<p>City &amp; State <b>Miami, Fl</b></p>		<p>City &amp; State <b>Miami, Fl</b></p>
<p>Zip <b>33186</b></p>	<p>Country <b>USA</b></p>	<p>Zip <b>33186</b></p>
<p>Country <b>USA</b></p>		
<p>6. Name and Address of Current Registered Agent</p>		
<p><b>KAUFFMANN, IVAN A</b> <b>8110 NW 60 ST.</b> <b>MIAMI, FL 33166</b></p>		<p>Name</p>
		<p>Street Address</p>
		<p><b>11957 SW</b></p>
		<p>City <b>Miami</b></p>
<p>8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.</p>		
<p><b>Ivan Kauffmann, Pres.</b></p>		
<p>SIGNATURE _____</p>		
<p><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)</small></p>		
<p><b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b></p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$ Ad</p>
<p>10. OFFICERS AND DIRECTORS</p>		<p>11.</p>
<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	<p><b>DPT</b> <b>KAUFFMANN, IVAN</b> <b>42210 OW 109 LANE</b> <b>MIAMI, FL 33166</b></p>	<p><input type="checkbox"/> Delete</p>
<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>		<p><input type="checkbox"/> Delete</p>
<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>		<p><input type="checkbox"/> Delete</p>
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<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>		<p><input type="checkbox"/> Delete</p>
<p>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered.</p>		
<p><b>Ivan Kauffmann, Pres.</b></p>		
<p>SIGNATURE: <b>X</b> </p>		
<p><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></p>		