

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000065684

FILED
May 19, 2008
Secretary of State**Entity Name:** QUALITY FULFILLMENT & DISTRIBUTION, INC.**Current Principal Place of Business:**2174 NW 87TH AVE
MIAMI, FL 33172**New Principal Place of Business:****Current Mailing Address:**2174 NW 87TH AVE
MIAMI, FL 33172**New Mailing Address:****FEI Number:** 65-1117938**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CORPWIZ REGISTERED AGENTS, INC.
8750 NW 36 STREET
SUITE 425
DORAL, FL 33178 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:** PSTD () Delete
Name: FERNANDEZ, JESSIE E
Address: 2174 NW 87TH AVE
City-St-Zip: MIAMI, FL 33172**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PSTD (X) Change () Addition
Name: FERNANDEZ, IVETTE
Address: 2174 NW 87TH AVE
City-St-Zip: MIAMI, FL 33172

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IVETTE FERNANDEZ

PSTD

05/19/2008

Electronic Signature of Signing Officer or Director_____
Date