2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # P01000102767 1. Entity Name QAS CONSULTING SERVICES, INC.				05-03-2	004 90417 025 ***150.00	
Principal Plac	e of Business	Mailing Address			4041200	
- 1-		16300 NE 19 AVE				
#101		#C				
MIAMI, FL 3	3166	MIAMI, FL 33162		å (8 8)(88) (16 8 8)8) (18)(8 8)((8 8)() 8 8)((6	INI BINTA MUNINE FINIT ERATA NASAK INDIANA AS INDI	
	lace of Business	3. Mailing Address	1			
	NW 8st		<u> 185† </u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	1 1		CR2E034 (10/03)	
City & State		City & State	City & State		Applied For	
HUAHU		MAHU, FLC	vei 04	65-1147209	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
3312	6. Name and Address of C	33126	USA	7. Name and Address of New I	Fee Required	
,	o. Haire and Address of C	Janesia registered Agent	Name	7. Hand and Addiess of New Y	iogistorea Agent	
CRIVELLO, GONZALO P				Street Address (P.O. Box Number is Not Acceptable)		
5000 N.W. 79 AVE. , #101 MIAMI, FL 33166			Sireer Ad	Street Address (P.O. Box Number is Not Acceptable)		
MIAIMI, FE 33100						
	:		City		FL Zip Code	
9 The above	named onlife cultimite this state	amont for the number of changing its	registered office or	registered agent, or both, in the State of Fi		
	ions of registered agent.	ament for the purpose of changing its	s registered onice or i	egistered agent, or boun, in the state of Fi	опиа. Тавталіна мін, ани ассерт	
0.0					S.,	
SIGNATÜREL	Signature, typed or printed name of register	ered agent and title if applicable. (NOT	E: Registered Agent signatur	e required when reinstaling)	DATE	
FIL	E NOW!!! FEE IS \$150.	9. Election Campa	~ ~	\$5.00 May Be Added to Fees	ľ	
Atter M	ay 1, 2004 Fee will be	\$550.00 Hust Find Con		Added to Fees		
10.	,	RS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OF		
TITLE	PD	Delete	TITLE	PD	Change Maddition	
NAME STREET ADDRESS	CRIVELLO, GONZALO P 5000 N.W. 79 AVE., #101		NAME STREET ADDRESS	chivello, GONZALOF B4541VW BSt, #1		
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP	MATU, 71 33126		
TITLE		☐ Detete	TITLE	100719	☐ Change ☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP			
THILE .		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
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NAME		□ Delete	NAME		🗖 Auguña 🗖 Worling)	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change Addition	
NAME CERTAL ADDRESS			NAME empres approce			
STREET ADDRESS]		STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP	ì					
	certify that the information supp	lied with this filing does not qualify fo		ed in Section 119.07(3)(i), Florida Statutes	further certify that the information	
	certify that the information supply to this report or supply pental reportion or the receiver drarust	lied with this filing does not qualify for report is true and accurate and that see engages and to execute this report		ed in Section 119.07(3)(i). Florida Statutes, ve the same legal effect as if made under ster 607. Florida Statutes; and that my nam	I further certify that the information cath; that I am an officer or director le appears in Block 10 or Block 11 if	
	certify that the information supplet on this report or supplet ental poration or the receiver digrust, or on an affachment with an ac	lied with this filing does not qualify for report in true and accurate and that see any lowered to execute this report dors with all other like empowered		ed in Section 119.07(3)(i). Florida Statutes, ve the same legal effect as if made under ster 607. Florida Statutes; and that my nan	I further certify that the information cath; that I am an officer or director the appears in Block 10 or Block 11 if	