## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # P01000122404

1. Entity Name

QUALITY MERCHANDISING, INC.



Mailing Address

Principal Place of Business 20277 NE 15TH COURT MIAMI, FL 33179

20277 NE 15TH COURT MIAMI, FL 33179

### FILED Apr 19, 2004 08:00 AM Secretary of State



02162004

No Chg-P

CR2E034 (10/03)

4. FEI Number 26-0005877 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

SUAREZ, DIMAS 3815 NE MIAMI COURT MIAMI, FL 33137

SIGNATURE: \_

# DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE					
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Trust Fund Contribu				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			,
TITLE NAME STREET ADDRESS CITY+ST-ZIP	P SUAREZ, DIMAS 4958 SW 165 AVE HOLLYWOOD, FL 33027				U00000117547 04/19/04-80023-020 150 <b>.0</b> 0
TITLE NAME STREET ADDRESS CITY+ST-ZIP					04713704-80023-020 ISO. <b>W</b>
TITLE NAME STREET ADDRESS CRY+ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN '	THIS SPACE
TITLE NAME STREET AUDRESS CITY-ST-ZIP			<del></del>		
TITLE NAME STREET ADDRESS CITY ST-ZIP					
12. I hereby certify that the information supplied with his filing-does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the received or trusted emonyers for execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an armount of the time employment.					

NING OFFICER OR DIRECTOR