

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000005572 1. Entity Name QUALITY MANAGEMENT & INVESTMENT CORPORATION						FILED 04 MAY -7 PM 6:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 6122 WASHINGTON ST STE. #3 HOLLYWOOD, FL 33023				Mailing Address P.O. BOX 4486 HOLLYWOOD, FL 33083-44			
2. Principal Place of Business 13899 Biscayne Blvd. Suite, Apt. #, etc. Suite 104 City & State N. Miami Beach, FL				3. Mailing Address Suite, Apt. #, etc. City & State Zip 33181			
4. FEI Number 56-2296857				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04192004 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent LEE, ANTHONY F 6122 WASHINGTON ST., STE #3 HOLLYWOOD, FL 33023				7. Name and Address of New Registered Agent Name Anthony Lee Street Address (P.O. Box Number is Not Acceptable) 13899 Biscayne Blvd. Ste. 104 City N. Miami FL Zip Code 33181			
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  DATE 4/28/04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete LEE, ANTHONY F 741 S.W. 9TH STREET, SUITE 114 POMPANO BEACH, FL 33060			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13899 Biscayne Blvd. N. Miami Beach FL 33181		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100036529051 05/18/04--01006--005 **\$450.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this 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 receiver or trustee empowered to 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 address, with all other like empowered.							
SIGNATURE: 				4/28/04 305-702-6300			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			