

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043093

FILED  
Feb 24, 2004  
Secretary of State

Entity Name: QUALITY GROUP INC.

## Current Principal Place of Business:

201 SEVILLA AVE  
203  
CORAL GABLES, FL 33134

## Current Mailing Address:

1901 BRICKELL AVE  
B-1514  
MIAMI, FL 33129

FEI Number: 02-0591541

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VIERA, OLIVER  
1901 BRICKELL AVE  
B-1514  
MIAMI, FL 33129 US

## New Principal Place of Business:

2100 PONCE DE LEON BLVD  
1045  
CORAL GABLES, FL 33134 US

## New Mailing Address:

2100 PONCE DE LEON BLVD  
SUITE 1045  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

VIERA, OLIVER  
2100 PONCE DE LEON BLVD  
1045  
CORAL GABLES, FL 33134 US

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:

02/24/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VIERA, OLIVER  
Address: 1901 BRICKELL AVE APT B-1514  
City-St-Zip: MIAMI, FL 33129

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: VIERA, OLIVER  
Address: 2100 PONCE DE LEON BLVD SUITE 1045  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Change (X) Addition  
Name: UENO, KOJI  
Address: 2100 PONCE DE LEON BLVD SUITE 1045  
City-St-Zip: CORAL GABLES, FL 33134

Title: S ( ) Change (X) Addition  
Name: VIERA, OLIVER  
Address: 2100 PONCE DE LEON BLVD SUITE 1045  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 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: OLIVER VIERA

CEO

02/24/2004

Electronic Signature of Signing Officer or Director

Date