

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043093

FILED
Apr 26, 2006
Secretary of State

Entity Name: QUALITY GROUP INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
2100 PONCE DE LEON BLVD
1045
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

P

04/26/2006

Electronic Signature of Signing Officer or Director

Date