

2003

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90171 048 ***150.00

DOCUMENT # P02000070080 1. Entity Name Quality Software International, Inc.

DO NOT WRITE IN THIS SPACE

11009603

2. Principal Place of Business 622 S.W. 11th St. Suite, Apt. #, etc.	3. Mailing Address 622 S.W. 11th St. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Hallandale, FL	City & State Hallandale, FL	4. FEI Number 20-0000738	Applied For Not Applicable
Zip 33009	Country USA	Zip 33009	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Garcia, Beatriz N.
Street Address (P.O. Box Number is Not Acceptable) 622 S.W. 11th St.
City Hallandale, FL
Zip Code 33009

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Garcia, Beatriz N. 622 S.W. 11th St. Hallandale, FL 33009	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/VP Serrano, Carlos 275 E. Central Pky., Apt. 735 Altamonte Springs, FL 32701	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S Gomez, Jorge 622 S.W. 11th St. Hallandale, FL 33009	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T Garcia, Sergio A. 21300 San Simeon Way, Apt. P-7 Miami, FL 33179	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sergio A. Garcia

04/21/03

305-650-9985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (1/2/02)