


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90235 042 \*\*\*150.00

DOCUMENT # P02000132125  
 1. Entity Name  
 QUALYFIELD NDT SERVICE, INC.



Principal Place of Business Mailing Address  
 8425 NW 8 STREET #310 8425 NW 8 STREET #310  
 MIAMI, FL 33126 MIAMI, FL 33126

94061259



2. Principal Place of Business 3. Mailing Address  
 9621 Fontainebleau Blvd 9621 Fontainebleau Blvd  
 Suite, Apt. #, etc. # 312 Suite, Apt. #, etc. # 312

03222004 Chg-P CR2E034 (10/03)

City & State City & State  
 MIAMI, FL MIAMI, FL

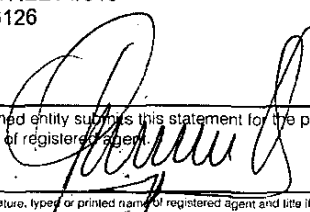
4. FEI Number Applied For  
 04-3729820 Not Applicable

Zip Country Zip Country  
 33172 USA 33172 USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 OYARZUN, ERICO  
 8425 NW 8 STREET #310  
 MIAMI, FL 33126

7. Name and Address of New Registered Agent  
 Name ERICO OYARZUN  
 Street Address (P.O. Box Number is Not Acceptable) 9621 Fontainebleau Blvd  
 # 312  
 City MIAMI FL Zip Code 33172

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 3/22/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	OYARZUN, ERICO	
STREET ADDRESS	8425 NW 8 STREET #310	
CITY - ST - ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OYARZUN, ERICO	
STREET ADDRESS	9621 Fontainebleau Blvd # 312	
CITY - ST - ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 3/22/04 DAYTIME PHONE 305 207-8839  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR