
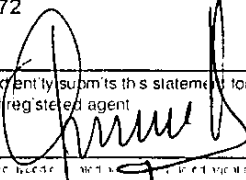
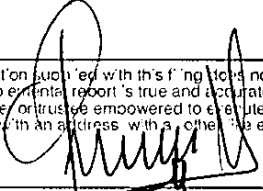


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90175 021 ***150.00

| | | | |
|---|---|--|--|
| DOCUMENT # P02000132125 | |  | |
| 1. Entity Name QUALYFIELD NDT SERVICE, INC. | | | |
| Principal Place of Business 9621 FONTAINEBLEAU BLVD. 312 MIAMI, FL 33172 | | Mailing Address 9621 FONTAINABLEAU BLVD. 312 MIAMI, FL 33172 | |
| 2. Principal Place of Business 13045 SW 68th St. | | 3. Mailing Address 13045 SW 68th St. | |
| Suite, Apt. #, etc. #201 | | Suite, Apt. #, etc. #201 | |
| City & State MIAMI, FL | | City & State MIAMI, FL | |
| Zip 33183 | | Country USA | |
| 4292005 | | Chg-P | |
| 04-3729820 | | CR2E034 (10/03) | |
| 4. FCI Number | | Applied For | |
| 04-3729820 | | Not Applicable | |
| 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| OYARZUN, ERICO 9621 FONTAINEBLEAU BLVD. 312 MIAMI, FL 33172 | | Name ERICO H OYARZUN Street Address (P.O. Box Number is Not Applicable) 13045 SW 68th Street # 201 City MIAMI FL Zip Code 33183 | |
| 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:  | | 4/29/05 | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | PSTD OYARZUN, ERICO 9621 FONTAINEBLEAU BLVD. #312 MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | PSTD OYARZUN, ERICO 13045 SW 68th St Unit 201 MIAMI FL 33183 <input checked="" 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 |
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| 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 furnished with this filing is not qualified for the exemption stated in Section 119.07(3)(c), 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 a trustee empowered. | | | |
| SIGNATURE:  | | 4/29/05 (305)408-4884 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |