
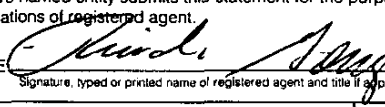
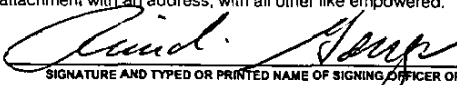


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90028 007 ***150.00

DOCUMENT # P03000047932					
1. Entity Name QUALITY AIRCRAFT INTERIOR INC.					
Principal Place of Business 8478 N.W. 61 STREET MIAMI, FL 33166			Mailing Address 8478 N.W. 61 STREET MIAMI, FL 33166		
2. Principal Place of Business 9365 NW 101 ST		3. Mailing Address 9365 NW 101 ST			
Suite, Apt., #, etc.:		Suite, Apt., #, etc.:			
City & State MEDLEY, FL		City & State MEDLEY, FL		4. FEI Number 20-0135630	
Zip 33178		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GONZALEZ, RICARDO 8470 N.W. 61ST STREET MIAMI, FL 33186			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 P	NAME GONZALEZ, ANA MARIA		<input type="checkbox"/> Delete		
STREET ADDRESS 7824 SW 57 TERR	CITY-ST-ZIP MIAMI, FL 33143		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE V	NAME PONS, MARIO		<input type="checkbox"/> Delete		
STREET ADDRESS 500 MALAGA AVE	CITY-ST-ZIP CORAL GABLES, FL 33134		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S	NAME NIEVES, CARLOS		<input type="checkbox"/> Delete		
STREET ADDRESS 500 SW 132 AVE	CITY-ST-ZIP DAVIE, FL 33325		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE T	NAME NIEVES, ALBERTO		<input type="checkbox"/> Delete		
STREET ADDRESS 1761 SW 46 AVE	CITY-ST-ZIP FT LAUDERDALE, FL 33317		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					