2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000059897

1. Entity Name

QMI GROUP, INC.

Principal Place of Business	Mailing Address
7961 N.W. 169TH TERR MIAMI LAKES, FL 33016	7961 N.W. 169TH TERR MIAMI LAKES, FL 33016

2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03282007   Chg-P   CR2E034 (12/06)

4. FEI Number

20-0976284

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
QUIROS, NESTOR 7961 N.W. 169TH TERR MIAMI LAKES, FL 33016	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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: QUIROS, NESTOR STREET ADDRESS: 7961 N.W. 169TH TERR CITY-ST-ZIP: MIAMI LAKES, FL 33016	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition U00000720871 05/01/07-80124--004 150.00
TITLE: V NAME: CHANG, MAYTE STREET ADDRESS: 7961 N.W. 169TH TERR CITY-ST-ZIP: MIAMI LAKES, FL 33016	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: S NAME: QUIROS, MARIO STREET ADDRESS: 7961 N.W. 169TH TERR CITY-ST-ZIP: MIAMI LAKES, FL 33016	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
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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 it made under oath; that I am an officer or director of the corporation or the receiver of 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: X _____   Nestor Quiros-President   03/08/07   x 305-331-1026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #