
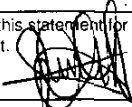



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90024 021 ***150.00

DOCUMENT # P04000078972 1. Entity Name QUALITY INSTALLATION FLOORS, INC.																											
Principal Place of Business 1750 NE 191 ST - # 707 N MIAMI BEACH, FL 33179		Mailing Address 1750 NE 191 ST - # 707 N MIAMI BEACH, FL 33179																									
2. Principal Place of Business - No P.O. Box # 1021 SW 7 Ave.		3. Mailing Address 1021 SW 7 Ave.																									
Suite, Apt. #, etc. Hallandale, FL		Suite, Apt. #, etc. Hallandale, FL																									
City & State 33009		City & State 33009																									
Zip 33009		Zip 33009																									
Country 		Country 																									
4. FEI Number 57-1205173		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 LARREA, JORGE 1750 NE 191 ST - # 707 N MIAMI BEACH, FL 33179		7. Name and Address of New Registered Agent Name Larrea, Jorge Street Address (P.O. Box Number is Not Acceptable) 1021 SW 7 Ave 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  (NOTE: Registered Agent signature required when reinstating) DATE																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PD</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LARREA, JORGE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1750 NE 191 ST - # 707</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>N MIAMI BEACH, FL 33179</td> <td></td> </tr> </table>		TITLE	PD	<input type="checkbox"/> Delete	NAME	LARREA, JORGE		STREET ADDRESS	1750 NE 191 ST - # 707		CITY-ST-ZIP	N MIAMI BEACH, FL 33179		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11... <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">President</td> <td style="width: 30%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Larrea, Jorge</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1021 SW 7 Ave</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Hallandale, FL 33009</td> <td></td> </tr> </table>		TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Larrea, Jorge		STREET ADDRESS	1021 SW 7 Ave		CITY-ST-ZIP	Hallandale, FL 33009	
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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 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 #																									