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	Mailing Address
1750 NE 191 ST - # 707 N MIAMI BEACH, FL 33179	1750 NE 191 ST - # 707 N MIAMI BEACH, FL 33179

04012008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1021 SW 7 Ave.	1021 SW 7 Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hallandale, FL	City & State: Hallandale, FL
Zip: 33009 Country	Zip: 33009 Country

4. FEI Number: 57-1205173 ☐ 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
LARREA, JORGE 1750 NE 191 ST - # 707 N MIAMI BEACH, FL 33179	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: _____
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, 2008 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LARREA, JORGE 1750 NE 191 ST - # 707 N MIAMI BEACH, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President. Larrea, Jorge. 1021 SW 7 Ave Hallandale, FL 33009.	☒ 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 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 #