
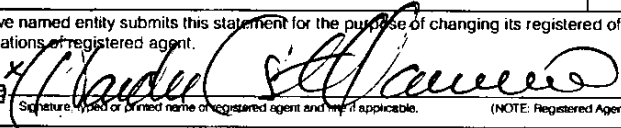



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90073 030 ***150.00

DOCUMENT # P04000139958 1. Entity Name QUALITY BUSINESS SOLUTIONS INC																											
Principal Place of Business 19108 CHERRY ROSE CT LUTZ, FL 33558 US		Mailing Address 19108 CHERRY ROSE CT LUTZ, FL 33558 US																									
2. Principal Place of Business - No P.O. Box # 15734 MUIRFIELD DRIVE Suite, Apt. #, etc.		3. Mailing Address 15734 MUIRFIELD DRIVE Suite, Apt. #, etc.																									
City & State ODESSA FL Zip Country 33556-2847 USA		City & State ODESSA FL Zip Country 33556-2847 USA																									
4. FEI Number 20-1722366		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 CASTIBLANCO, HAIDEE 19108 CHERRY ROSE CT LUTZ, FL 33558		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15734 MUIRFIELD DRIVE City ODESSA FL Zip Code 33556-2847																									
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  DATE 3-6-07 <small>(NOTE: Registered Agent signature required when registering)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <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:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CASTIBLANCO, HAIDEE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>19108 CHERRY ROSE CT</td> <td></td> </tr> <tr> <td></td> <td>LUTZ, FL 33558</td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	CASTIBLANCO, HAIDEE		CITY-ST-ZIP	19108 CHERRY ROSE CT			LUTZ, FL 33558		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>(ADDRESS ONLY)</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>15734 MUIRFIELD DRIVE</td> <td></td> </tr> <tr> <td></td> <td>ODESSA FL 33556-2847</td> <td></td> </tr> </table>		TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	(ADDRESS ONLY)		CITY-ST-ZIP	15734 MUIRFIELD DRIVE			ODESSA FL 33556-2847	
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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: 		Date 3-6-07 Daytime Phone # 813-774-5172																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR EDUARDO A MEJIA																											