





2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90074 004 ***150.00

DOCUMENT # P04000161237 1. Entity Name QUALITY FASHION USA CORPORATION					
Principal Place of Business 8035 ABBOTT AVE SUITE 4 MIAMI BEACH, FL 33141			Mailing Address 8035 ABBOTT AVE SUITE 4 MIAMI BEACH, FL 33141		
2. Principal Place of Business 8035 ABBOTT AVE.		3. Mailing Address 8035 ABBOTT AVE.		 04122005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. SUITE 1		Suite, Apt. #, etc. SUITE 1			
City & State MIAMI BEACH, FL 33141		City & State MIAMI BEACH			
Zip 33141		Zip 33141			
Country U.S.A.		Country U.S.A.		4. FEI Number 20-1938521	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SALINAS, FERNANDO 8035 ABBOTT AVE SUITE 4 MIAMI BEACH, FL 33141				7. Name and Address of New Registered Agent Name SALINAS, FERNANDO Street Address (P.O. Box Number is Not Acceptable) 8035 ABBOTT AVE SUITE 1 City MIAMI BEACH, FL Zip Code 33141	
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  FERNANDO SALINAS DATE 04-12-2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	P, D LARA DE SALINAS, PATRICIA 8035 ABBOTT AVE, SUITE 4 MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D LARA DE SALINAS, PATRICIA 8035 ABBOTT AVE, SUITE 1 MIAMI BEACH, FL 33141
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D SALINAS, FERNANDO 8035 ABBOTT AVE, SUITE 4 MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D SALINAS FERNANDO 8035 ABBOTT AVE, SUITE 1 MIAMI BEACH, FL 33141
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME 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 exemption stated in Section 119.07(3)(i), 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:  FERNANDO SALINAS DATE 04-12-2005 DAYTIME PHONE # 305 861 6528 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					