2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 19, 2007 08:00 AM Secretary of State DOCUMENT # P04000164428 1. Entity Name MQM CONSULTING, INC. Principal Place of Business Mailing Address 7559 SW 109TH AVE 7559 SW 109TH AVE MIAMI, FL 33173 MIAMI, FL 33173 01152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2026878 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZOMERFELD, RAYMOND J CPA DO NOT WRITE 999 PONCE DE LEON BLVD #1045 CORAL GABLES, FL 33134 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550,00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS DPST TITLE QUINTANS, MARTHA NAME STREET ADDRESS 7559 SW 109TH AVE MIAMI, FL 33173 CITY-ST-7IP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CATY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE:

FILED