

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000021698

Entity Name: BA QUALITY ENTERPRISES, INC.

FILED  
Apr 27, 2009  
Secretary of State

## Current Principal Place of Business:

15126 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33162

## New Principal Place of Business:

540 NW 165 STREET RD  
SUITE 110  
MIAMI, FL 33169

## Current Mailing Address:

15126 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33162

## New Mailing Address:

540 NW 165 STREET RD  
SUITE 110  
MIAMI, FL 33169

FEI Number: 20-2376562

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OMIER, BERRIL  
1960 NW 195TH STREET  
OPA LOCKA, FL 33056 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: BERRIL OMIER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: OMIER, BERRIL  
Address: 1960 NW 195TH STREET  
City-St-Zip: OPA LOCKA, FL 33056

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: OMIER, BERRIL  
Address: 1960 NW 195TH STREET  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D ( ) Change (X) Addition  
Name: OMIER, MILTON  
Address: 1960 NW 195 STREET  
City-St-Zip: MIAMI GARDENS, FL 33056

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILTON OMIER

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date