

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000058584

Entity Name: QSFLIES.INC

FILED
Feb 20, 2006
Secretary of State

Current Principal Place of Business:

1100 NW 163 DR
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

1100 NW 163 DR
MIAMI, FL 33169

New Mailing Address:

FEI Number: 20-2718382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDINA, CAMILO
1100 NW 163 DR
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

NOJOROGE, SAMUEL
1100 NW 163 DR
MIAMI, FL 33169 US

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: SAMUEL NOJOROGE

02/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEDINA, CAMILO
Address: 1100 NW 163 DR
City-St-Zip: MIAMI, FL 33169

Title: VP () Delete
Name: NOJOROGE, SAMUEL
Address: 1100 NW 163 DR
City-St-Zip: MIAMI, FL 33169

Title: S () Delete
Name: DUENAS M., VICTOR FRANZ
Address: 11875 SW 16 ST
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NOJOROGE, SAMUEL
Address: 1100 NW 163 DR
City-St-Zip: MIAMI, FL 33169

Title: VP (X) Change () Addition
Name: KAMAU, ELIZABETH
Address: 1100 NW 163 DR
City-St-Zip: MIAMI, FL 33169

Title: S (X) Change () Addition
Name: MEDINA, CAMILO
Address: 1915 BRICKELL AVE. CPH 5
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the 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: SAMUEL NOJOROGE

P

02/20/2006

Electronic Signature of Signing Officer or Director

Date