


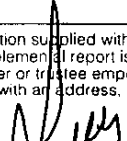
FILED
Apr 16, 2007 8:00 am
Secretary of State

400047



4. FEI Number	Applied For
20-4936111	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DOCUMENT # P06000072651		04-16-2007 90049 011 ***150.00	
1. Entity Name ISDI QUALITY, INC			
Principal Place of Business 6130 WEST 19 AVENUE SUITE 205 HIALEAH, FL 33012		Mailing Address 6130 WEST 19 AVENUE SUITE 205 HIALEAH, FL 33012	
2. Principal Place of Business - No P.O. Box # 21219 NW 14 Place #425		3. Mailing Address 21219 NW 14 Place #425	
Suite, Apt. #, etc. #425		Suite, Apt. #, etc. #425	
City & State Miami, FL		City & State Miami, FL	
Zip 33169		Country U.S.	
6. Name and Address of Current Registered Agent DIAZ, ISRAEL A 6130 WEST 19 AVENUE SUITE 205 HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name ISRAEL A. DIAZ Street Address (P.O. Box Number is Not Acceptable) change address to 21219 NW 14 Place #425 City Miami FL 33169	
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: _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 PTS <input type="checkbox"/> Delete NAME DIAZ, ISRAEL A STREET ADDRESS 6130 WEST 19 AVENUE, SUITE 205 CITY-ST-ZIP HIALEAH, FL 33012		TITLE Same <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Same STREET ADDRESS 21219 NW 14 Place #425 CITY-ST-ZIP Miami, FL 33169 only address ch	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/11/07 305-904-6706	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	