


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-16-2007 90049 011 ***150.00

DOCUMENT # P06000072651

1. Entity Name
ISDI QUALITY, INC



Principal Place of Business Mailing Address

6130 WEST 19 AVENUE 6130 WEST 19 AVENUE
 SUITE 205 SUITE 205
 HIALEAH, FL 33012 HIALEAH, FL 33012

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

21219 NW 14 Place *21219 NW 14 Place*

Suite, Apt., #, etc. Suite, Apt., #, etc.

425 *# 425*

City & State City & State

Miami, FL *Miami, FL*

Zip Country Zip Country

33169 *U.S.* *33169* *U.S.*

40000000



04112007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

20-4936111 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

DIAZ, ISRAEL A
 6130 WEST 19 AVENUE
 SUITE 205
 HIALEAH, FL 33012

Name *ISRAEL A. DIAZ*
 Street Address (P.O. Box Number is Not Acceptable)
change address to 21219 NW 14 Place #425
 City *Miami* FL Zip Code *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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$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	PTS DIAZ, ISRAEL A 6130 WEST 19 AVENUE, SUITE 205 HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Same</i> <i>#425</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>21219 NW 14 Place #425</i> <i>only</i> <i>Miami, FL 33169</i> <i>address change</i>
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
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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 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: *[Signature]* Date *4/11/07* Daytime Phone # *305-904-6706*