## 2008 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

## **ANNUAL REPORT DOCUMENT # P06000106136** 1. Entity Name A1 QUALITY SYSTEM INC.

**FILED** Apr 10, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

11338 SW 184 STREET MIAMI, FL 33157

11338 SW 184 STREET MIAMI, FL 33157



04082008

No Chg-P

CR2E034 (11/05)

4. FEI Number 33-1142689

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, MARIO 11338 SW 184 STREET MIAMI, FL 33157

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with and accept the state of Florida. I am familiar with accept the state of Florida. I am f							
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After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  TITLE PD MANE MENDEZ, MONICA 11338 SW 184 STREET MIAMI, FL 33157  TITLE VPD ALVAREZ, MARIO 11338 SW 184 STREET MIAMI, FL 33157  TITLE MANE STREET ADDRESS CITY-ST-7IP  TITLE NAME STREET CITY-STREET CITY-STREET CITY-ST-	SIGNATURE Hambitating More of registered agent and like if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
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12. Thereby 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 eath; 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.

SIGNATIIRE.