

2007 FOR PROFIT CORPORATION ANNUAL REPORT


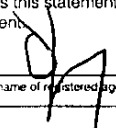
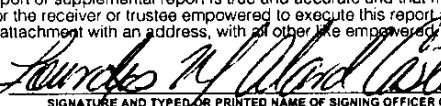
FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90071 045 ***150.00

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01182007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000151554					
1. Entity Name QUALITY FINANCING GROUP, INC					
Principal Place of Business 12960 SW 133 CT MIAMI, FL 33186			Mailing Address 12960 SW 133 CT MIAMI, FL 33186		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 620-8013569	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE LEON, SERGIO 6299 SW 138 PL MIAMI, FL 33183			7. Name and Address of New Registered Agent Name: O J DIAZ Street Address (P.O. Box Number is Not Acceptable): 2951 SW 40th STREET #206 City: MIAMI FL Zip Code: 33154		
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: 1/18/07					
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 NAME STREET ADDRESS CITY - ST - ZIP	P DE LEON, SERGIO 6299 SW 138 PL MIAMI, FL 33183	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DE LEON, SERGIO 12960 SW 133 CT MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CASTILLO, JOSE L 15821 SW 103 LANE MIAMI, FL 33196	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CASTILLO, JOSE L 12960 SW 133 CT MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ALARD-CASTILLO, LOURDES M 15821 SW 103 LANE MIAMI, FL 33196	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ALARD-CASTILLO, LOURDES M 12960 SW 133 CT MIAMI, FL 33186	<input checked="" 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 life empowered.					
SIGNATURE:  LOURDES M. ALARD-CASTILLO DATE: 1/18/07 DAYTIME PHONE #: 305 2528900					