2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 22, 2009
Secretary of State

DOCUMENT# P07000032088

Entity Name: QUALISUPPLY, INC.

Current Principal Place of Business:

20851 JOHNSON STREET
UNIT #119
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

20851 JOHNSON STREET
UNIT #119
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 20-8662130 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ, GERALD
2711 EXECUTIVE PARK DRIVE
SUITE #1
WESTON, FL 33331 US

Name and Address of New Registered Agent:

PEREZ, ELIAS
19476 S. WHITEWATER AVE
WESTON, FL 33332 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: ELIAS H. PEREZ 10/22/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SALCEDO, RICARDO A
Address: 20851 JOHNSON STREET UNIT #119
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VD ( ) Delete
Name: DE DOMINGUEZ, LIGIA L
Address: 20851 JOHNSON STREET UNIT #119
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SD ( ) Delete
Name: DE ESCOTE, ANA J
Address: 20851 JOHNSON STREET UNIT #119
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TD ( ) Delete
Name: TORRES, SUSANA D
Address: 20851 JOHNSON STREET UNIT #119
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: SALCEDO, RICARDO A
Address: 20851 JOHNSON STREET UNIT #119
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: DE ESCOTE, ANA J
Address: 20851 JOHNSON STREET UNIT #119
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D (X) Change ( ) Addition
Name: TORRES, SUSANA D
Address: 20851 JOHNSON STREET UNIT #119
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify 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: RICARDO A. SALCEDO PSD 10/22/2009
Electronic Signature of Signing Officer or Director Date