



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2008 8:00 am
Secretary of State

05-05-2008 90246 010 ***150.00

DOCUMENT # PC7000080534 1. Entity Name QUALITY TRANSPORT INC.					
Principal Place of Business 14600 SW 30TH ST. MIAMI, FL 33175 US			Mailing Address 14600 SW 30TH ST. MIAMI, FL 33175 US		
2. Principal Place of Business - No P.O. Box # 13440 SW 36 ST		3. Mailing Address 13440 SW 36 ST		 04252008 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc. MIAMI FL		Suite, Apt. #, etc. MIAMI FL			
City & State MIAMI FL		City & State MIAMI FL			
Zip 33175		Country USA		4. FEI Number 26-0598380	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FERNANDEZ, NELSON 14600 SW 30TH ST. MIAMI, FL 33175				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State FL Zip Code _____	
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) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 FERNANDEZ, NELSON 14600 SW 30TH ST. MIAMI, FL 33175	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/30/08</u> Daytime Phone: <u>786-343-2420</u>			