

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami FL

City & State

Miami FL

City & State

Zip 33175

Country USA

Zip 33175

Country USA

04252008 Chg-P CR2E034 (12/06)

4. FEI Number

26-0598380

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2008 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 | 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 |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08 286-343-2420
Date Daytime Phone #