

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Apr 12, 2007 0
Secretary of

DOCUMENT # P98000038955

1. Entity Name
QUALITY SYSTEM CONSULTANTS ISO/QS 9000, INC.



Principal Place of Business
**11204 SW 67TH TERR.
MIAMI, FL 33173**

Mailing Address
**11204 SW 67TH TERR.
MIAMI, FL 33173**



04042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0831523

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DORNELLES, MARCIO
11204 SW 67TH TERR.
MIAMI, FL 33173**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

U000000702877
04/20/07-80118-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DORNELLES, MARCIO
STREET ADDRESS	11204 SW 67TH TERR.
CITY - ST - ZIP	MIAMI, FL 33173

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

MARCH 11, 07 (305) 5963946

Date

Daytime Phone #