

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jun 14, 2005 8:00 am
Secretary of State

05-09-2005 90284 001 ***150.00

00062001



05042005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000052601					
1. Entry Name QSI AMERICA, INC.					
Principal Place of Business 12350 SW 132 CT SUITE 206 MIAMI, FL 33186			Mailing Address 12350 SW 132 CT SUITE 206 MIAMI, FL 33186		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0983256	
				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 ALVARADO, DAVID 12350 SW 132 CT. SUITE 206 MIAMI, FL 33186			7. Name and Address of New Registered Agent Name <u>Alvarado, Celso</u> Street Address (P.O. Box Number is Not Acceptable) <u>12350 SW 132 CT.</u> <u>Suite 206</u> City <u>Miami,</u> FL <u>33186</u>		
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 <u>[Signature]</u> DATE <u>6/2/05</u>					
<div> <div>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> <div> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALVARADO, CELSO		NAME		
STREET ADDRESS	15236 S.W. 108 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP		
TITLE	M	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALVARADO, DAVID		NAME	Manager	
STREET ADDRESS	15236 S.W. 108 TERRACE		STREET ADDRESS	Paolo D'Angelo	
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP	12350 SW 132 CT. Suite # 206	
TITLE		<input type="checkbox"/> Delete	TITLE	Miami, FL 33186	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>[Signature]</u> DATE: <u>May 4, 2005</u>					
SIGNATURE AND EITHER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					