

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90091 037 ***150.00

DOCUMENT # P99000089028

1. Entity Name
QMS GLOBAL, INC.



Principal Place of Business
10811 MAPLE CHASE DRIVE
SUITE 128
BOCA RATON FL 33498 US

Mailing Address
10811 MAPLE CHASE DRIVE
SUITE 128
BOCA RATON FL 33498 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102008

Chg-P

CR2E034 (12/06)

4. FEI Number
65-0955337

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERKMAN, ALLEN M NED NASH BAN
3370 N.E. 190TH ST GREEN BELLY TRAIL
SUITE 1204 5100 TOWN CENTER CIRCLE
AVENTURA, FL 33180 SUITE 400
BOCA RATON, FL 33486

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	P	<input type="checkbox"/> Delete
NAME	WEBER, BRUCE M	
STREET ADDRESS	10811 MAPLE CHASE DRIVE	
CITY- ST- ZIP	BOCA RATON, FL 33498	
TITLE	S	<input type="checkbox"/> Delete
NAME	WEBER, RANDY L	
STREET ADDRESS	10811 MAPLE CHASE DRIVE	
CITY- ST- ZIP	BOCA RATON, FL 33498	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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: Randy Weber Randy WEBER

4/22/08

Date Daytime Phone #