FILED
May 02, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT-

DOCUMENT # V55382

1. Entity Name
QUALITY PEOPLE GROUP ENTERPRISE, INC. II

Principal Place of Business	Mailing Address
STOP - N - SHOP 499 SR 434 / STE 1017 ALTAMONTE SPRINGS, FL 32714 US	STOP - N - SHOP 499 SR 434 / STE 1017 ALTAMONTE SPRINGS, FL 32714 US

DO NOT WRITE IN THIS SPACE

04212005 No Chg-P CR2E084 (10/03)

4. FEI Number
59-3135531

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

PATEL, SALIM
2924 CORRINE DRIVE
ORLANDO, FL 32803

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	PATEL, SALIM
STREET ADDRESS	2924 CORRINE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	SD
NAME	PATEL, SALIM
STREET ADDRESS	2924 CORRINE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/05-80038-001 150.00

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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: Patel (PRSDNT.) 04.27.05 - 724-0071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #