

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V55382

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



FILED
Aug 06, 2008 08:00 AM
Secretary of State

Principal Place of Business 672 CORTEZ CIRCLE ALTAMONTE SPRINGS, FL 32714 US	Mailing Address 672 CORTEZ CIRCLE ALTAMONTE SPRINGS, FL 32714 US
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07292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3135531	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PATEL, SALIM
2924 CORRINE DRIVE
ORLANDO, FL 32803**

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

U00000957245
08/06/08-80005-021 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	
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: _____

Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Aug 3/2008

Date

Daytime Phone #

(321-251-7551)