

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000065684

**Entity Name:** QUALITY FULFILLMENT & DISTRIBUTION, INC.

**Current Principal Place of Business:**

2170 NW 87TH AVE  
MIAMI, FL 33172

**Current Mailing Address:**

2170 NW 87TH AVE  
MIAMI, FL 33172

**FEI Number:** 65-1117938

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPWIZ REGISTERED AGENTS, INC.  
8750 NW 36 STREET  
SUITE 425  
DORAL, FL 33178 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PSTD  
Name WEDDLE, IVETTE  
Address 2170 NW 87TH AVE  
City-State-Zip: DORAL FL 33172

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** IVETTE WEDDLE

**PRESIDENT**

**05/01/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date