

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # K85947 1. Entity Name QUALITY ART SERVICES, INC.	
---	---

Principal Place of Business 8903 GLADES RD STE G-6 BOCA RATON, FL 33434 US	Mailing Address 8010 N. UNIV. DR. 2ND FL TAMARAC, FL 33321
---	---



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0183968	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAVID R. FARBSTAIN, ESQ 8010 N. UNIV. DR., 2ND FL. TAMARAC, FL 33321

**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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DPST ALVO, ALLEN 8903 GLADES RD STE G-6 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DV ALVO, DEBORAH 8903 GLADES ROAD STE G-6 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST ALVO, ALLEN 8903 GLADES ROAD, STE G-6 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

U000000004721
01/15/04-80024-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Deborah H. Alvo Deborah H. Alvo DY 7/2/04 561-488-9118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #