

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008724

FILED  
Jan 09, 2008  
Secretary of State

Entity Name: FORENSIC QUALITY SERVICES, INC.

**Current Principal Place of Business:**

13575 58TH ST NORTH, SUITE 153  
CLEARWATER, FL 33760372

**New Principal Place of Business:**

13575 58TH ST NORTH, SUITE 153  
CLEARWATER, FL 33760

**Current Mailing Address:**

13575 58TH ST NORTH, SUITE 153  
CLEARWATER, FL 33760372

**New Mailing Address:**

13575 58TH ST NORTH, SUITE 153  
CLEARWATER, FL 33760

FEI Number: 20-0385856

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

F&L CORP  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PERILLO, BENJAMIN  
Address: 7881 114TH AVE, N.  
City-St-Zip: LARGO, FL 33773

Title: SD ( ) Delete  
Name: EISENBERG, ARTHUR  
Address: 7881 114TH AVE, N.  
City-St-Zip: LARGO, FL 33773

Title: TD ( ) Delete  
Name: VALADEZ, MANUEL  
Address: 7881 114TH AVE, N.  
City-St-Zip: LARGO, FL 33773

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTORIA HOLM

OM

01/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date