## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000031834

Entity Name: "QUALITY FLATBED SERVICE INC."

FILED Feb 17, 2010 Secretary of State

| Current Principal Place of Business:                         |                                  | New Principal Place of Business:          |  |
|--|----------------------------------|---|--|
| 15383 SW 164TH ST.<br>MIAMI, FL 33187                        |                                  |   |  |
| Current Mailing Address:                                     |                                  | New Mailing Address:                      |  |
| 15383 SW 164TH ST.<br>MIAMI, FL 33187                        |                                  |   |  |
| FEI Number: 90-0358084                                       | FEI Number Applied For()         | FEI Number Not Applicable ( )             | Certificate of Status Desired ( )      |
| Name and Address of Current Registered Agent:                |                                  | Name and Address of New Registered Agent: |  |
| GARCIA, GEORGINA<br>15383 SW 164TH ST.<br>MIAMI, FL 33187 US |                                  |   |  |
| The above named entity s<br>in the State of Florida.         | submits this statement for the p | ourpose of changing its registered        | l office or registered agent, or both, |
| SIGNATURE:   |                                  |   |  |
| Electron   | ic Signature of Registered Age   | ent                                       | Date                                   |
| Election Campaign Financing                                  | g Trust Fund Contribution ( ).   |   |  |
| OFFICERS AND DIREC   | TORS:                            |   |  |

Title:

Name: GARCIA, GEORGINA 15383 SW 164TH ST. Address: City-St-Zip: MIAMI, FL 33187

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: GEORGINA GARCIA 0 02/17/2010