

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000037729

FILED  
Jul 07, 2006  
Secretary of State

Entity Name: L.M. QUALITY MANAGEMENT SERVICE CORP.

**Current Principal Place of Business:**

L.M. QUALITY MANAGEMENT  
P.O. BOX 440915  
MIAMI, FL 33144 US

**New Principal Place of Business:**

**Current Mailing Address:**

L.M. QUALITY MANAGEMENT  
P.O. BOX 440915  
MIAMI, FL 33144 US

**New Mailing Address:**

FEI Number: 65-0412770      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NUNEZ, ALEXANDER  
402 MINORCA  
CORAL GABLES, FL 33134 US

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

NUNEZ, ALEXANDER  
6200 W FLAGLER ST  
401  
MIAMI, FL 33144 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: ALEXANDER NUNEZ

07/07/2006

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NUNEZ, ALEXANDER  
Address: 402 MINOREA  
City-St-Zip: CORAL GABLES, FL 33134

Title: TD ( ) Delete  
Name: NUNEZ, ALEXANDER  
Address: 402 MINOREA  
City-St-Zip: CORAL GABLES, FL 33134

Title: SD ( ) Delete  
Name: NUNEZ, AMADO  
Address: 402 MINOREA  
City-St-Zip: CORAL GABLES, FL 33134

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

Title: PD (X) Change ( ) Addition  
Name: NUNEZ, ALEXANDER  
Address: 6200 W FLAGLER ST. #401  
City-St-Zip: MIAMI, FL 33144

Title: TD (X) Change ( ) Addition  
Name: NUNEZ, LUZMARY  
Address: 6200 W FLAGLER ST. #401  
City-St-Zip: MIAMI, FL 33144

Title: SD (X) Change ( ) Addition  
Name: NUNEZ, AMADO  
Address: 6200 W FLAGLER ST. #401  
City-St-Zip: MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXANDER NUNEZ

PD

07/07/2006

Electronic Signature of Signing Officer or Director

Date