

2007 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 05, 2007
Secretary of State**

DOCUMENT# P93000037729

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:

L.M. QUALITY MANAGEMENT
6200 W. FLAGLER ST. # 401
MIAMI, FL 33144 US

Current Mailing Address:

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

New Mailing Address:

L.M. QUALITY MANAGEMENT
6200 W. FLAGLER ST. 401
MIAMI, FL 33144 US

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

Name and Address of Current Registered Agent:

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

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: 6200 W FLAGLER ST. #401
City-St-Zip: MIAMI, FL 33144

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

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

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 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

10/05/2007

Electronic Signature of Signing Officer or Director

Date