

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000037729

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



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

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



04232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0412770** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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

[Handwritten Signature]

Alexander Nunez

4/23/08

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE **PD**
 NAME **NUNEZ, ALEXANDER**
 STREET ADDRESS **6200 W FLAGLER ST. #401**
 CITY-ST-ZIP **MIAMI, FL 33144**

TITLE **TD**
 NAME **NUNEZ, LUZMARY**
 STREET ADDRESS **6200 W FLAGLER ST. #401**
 CITY-ST-ZIP **MIAMI, FL 33144**

TITLE **SD**
 NAME **NUNEZ, AMADO**
 STREET ADDRESS **6200 W FLAGLER ST. #401**
 CITY-ST-ZIP **MIAMI, FL 33144**

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 05/21/08-80105-012 158.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

[Handwritten Signature] *Luzmary Nunez*

4/23/08

305267220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #