

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000037729

FILED  
Feb 19, 2010  
Secretary of State

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

## Current Principal Place of Business:

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

## New Principal Place of Business:

L.M. QUALITY MANAGEMENT  
6200 W. FLAGLER ST. # 410  
MIAMI, FL 33144 US

## Current Mailing Address:

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

## New Mailing Address:

L.M. QUALITY MANAGEMENT  
6200 W. FLAGLER ST. 410  
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:

NUNEZ, ALEXANDER  
6200 W FLAGLER ST  
304  
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: LUZMARY NUNEZ

02/19/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD  
Name: NUNEZ, ALEXANDER  
Address: 6200 W FLAGLER ST. #304  
City-St-Zip: MIAMI, FL 33144

Title: TD  
Name: NUNEZ, LUZMARY  
Address: 6200 W FLAGLER ST. #304  
City-St-Zip: MIAMI, FL 33144

Title: SD  
Name: NUNEZ, AMADO  
Address: 6200 W FLAGLER ST. #304  
City-St-Zip: MIAMI, FL 33144

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: ALEXANDER NUNEZ

PD

02/19/2010

Electronic Signature of Signing Officer or Director

Date