2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Mar 07, 2006 8:00 am Secretary of State

Daytime Phone #

 Entity N. 	UMENT # P0500007 ame QUALITY HOME SERVICE, I	¥] 	03-07-2006 900)08 039 ***15	50.00
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Principal Place of Business		Mailing Address	-			•		
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02182006	Oha D		
		Apt B			02102000	Chg-P	CR2E034 (11/	05)
City & St	tate -	City & State			4. FEI Number	er . ¬ oʻ ¬ ¬		Applied For
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Zip	Country	Zip	Country		5. Certificate	of Status Desired	\$8.75	Additional
 	6. Name and Address of Current	32137	—- }				Fee Reg	uired
	o. Manie and Address of Current	Registered Agent	 -	Name		Address of New Re	gistered Agent	
ZSAKAY	, GYULA		1 7	Sami	e_			
	D MOODY, BLVD.		18	Street Address (F		er is Not Acceptable)		3
#942	FI 00440 - 1	•	<u> </u>	AYR C	stal R	cef Ct	N. Agt	<u>_R</u>
BONELL,	, FL 32110			`			•	
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the obtig	ve named entity submits this statement for ations of registered agent.	ir the purpose of changing i	its registered	office or regitere	d agent, or both	h, in the State of Flori	da. I am familiar w	ith, and accept
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SIGNATUS	Signature, typed or printed name of registered agent a					2-	<u> 24-06 </u>	1
 	type of the state	ind title if applicable (NO	TE: Registered Ag	gent signature required	พ ก reinstating)	<u> </u>	DATE	
After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	1	aign Financin tribution.		00 My Be ed to Fees			
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2. I hereby cer	tify that the information supplied with this	s filing does not qualify for	<u> </u>	-				
indicated or of the coron	tify that the information supplied with this this report or supplemental report is tru- ration or the receiver or trustee empower on an attachment with an address, with	e and accurate and that my	me exemption signature sh	ins contained in I	Chapter 119, F	orida Statutes, I furti	ner certify that the i	nformation
changed, or	ration or the receiver or trustee empower on an attachment with an address, with	red to execute this report as all other like empowered	s required by	Chapter 607, Flo	orida Statutes; e	ind that my name ap	tnat I am an officer pears in Block 10 o	or director r Block 11 if
		Simporested,				- ···- 		
IGNATU	RE: X	·			٧	2-24-06		ĺ
	SIGNATURE AND TYPED OR PRINT	ED NAME OF SIGNING OFFICER OR	DIRECTOR			~ 1-00		