

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90021 004 \*\*\*150.00

**DOCUMENT # K57011**

1. Entity Name

QUALITY SEARCH, INC.



Principal Place of Business

2691 E. OAKLAND PARK BLVD.  
SUITE 201  
FT. LAUDERDALE FL 33306

Mailing Address

C/O PAUL C. KLEWICKI  
4025 N. FEDERAL HWY #220A  
FT. LAUDERDALE FL 33308

J2007341



MOORE CR2E034 (11/03)

2. Principal Place of Business

4025 N. FEDERAL HWY

Suite, Apt. #, etc.

# 220 A

3. Mailing Address

Suite, Apt. #, etc.

City & State

FONT LAUDERDALE, FL

City & State

Zip

33308

Country

Zip

Country

4. FEI Number

65-0091311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KLEWICKI, PAUL CASIMIR  
2691 E. OAKLAND PARK BLVD  
SUITE 201  
FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name KLEWICKI, PAUL CASIMIR

Street Address (P.O. Box Number is Not Acceptable)  
4025 N. FEDERAL HWY

# 220 A

City FONT LAUDERDALE

FL

Zip Code

33308

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

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME KLEWICKI, PAUL CASIMIR  
STREET ADDRESS 2691 E. OAKLAND PK BLVD  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4025 N. FEDERAL HWY. #220 A  
CITY-ST-ZIP FONT LAUDERDALE, FL 33308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Paul C. Klewicki* PAUL C. KLEWICKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04 954-561-1771  
Date Daytime Phone #