

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90043 028 ***150.00

DOCUMENT # K85947

1. Entity Name
QUALITY ART SERVICES, INC.



Principal Place of Business

**8903 GLADES RD
STE G-6
BOCA RATON, FL 33434 US**

Mailing Address

**8010 N. UNIV. DR.
2ND FL
TAMARAC, FL 33321**

60000110



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0183968

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVID R. FARBSTAIN, ESQ
8010 N. UNIV. DR., 2ND FL.
TAMARAC, FL 33321**

**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 _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ALVO, ALLEN 8903 GLADES RD STE G-6 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ALVO, DEBORAH 8903 GLADES ROAD STE G-6 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALVO, ALLEN 8903 GLADES ROAD, STE G-6 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah H. Alvo **Deborah H. Alvo, U.P.** 1/20/06 561-488-9118

Date

Daytime Phone #