

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

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



01072008

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0183968

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000789631
01/23/08-80001-007 150.00

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:

Deborah N. Alvo V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/08 561-488-9118
Date Daytime Phone #