2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L86997

Entity Name
 Q RESEARCH SERVICES, INC.



FILED Apr 24, 2008 08:00 AN Secretary of State

Principal Place of Business

6221 W ATLANTIC BLVD MARGATE, FL 33063 US Mailing Address

6221 W ATLANTIC BLVD SUITE 504 MARGATE, FL 33063



DO NOT WRITE IN THIS SPACE

04152008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0204658 Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QURESHI, DENISE 6221 W ATLANTIC BLVD MARGATE, FL 33063

DO NOT WRITE IN THIS SPACE

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 \$5.00 May Be Trust Fund Contribution.		000000918985 05/13/08-80105-010 158.75		
10.	OFFICERS AND DIREC	TORS			King of the agree to the	183 (1)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST QURESHI, DENISE 6221 W ATLANTIC BLVD MARGATE, FL 33063					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #