

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000096550

**FILED**  
**May 05, 2008**  
**Secretary of State**

**Entity Name:** ULTIMATE QUALITY SERVICES INC.

**Current Principal Place of Business:**

11611 NW 29 PLACE  
SUNRISE, FL 33323

**New Principal Place of Business:**

15841 PINES BLVD  
202  
PEMBROKE PINES, FL 33327

**Current Mailing Address:**

16554 NW 23 STREET  
PEMBROKE PNES, FL 33028

**New Mailing Address:**

15841 PINES BLVD  
202  
PEMBROKE PINES, FL 33327

**FEI Number:** 65-1047528

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JOSEPH, PEDRO  
11611 NW 29TH PLACE  
SUNRISE, FL 33323 US

**Name and Address of New Registered Agent:**

CHARLIER, ALIX  
16554 NW 23 STREET  
PEMBROKE PINES, FL 33028 US

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.

SIGNATURE: ALIX CHARLIER

05/05/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JOSEPH, PEDRO  
Address: 11611 N.W. 29 PLACE  
City-St-Zip: SUNRISE, FL 33323

Title: PD ( ) Delete  
Name: CHARLIER, ALIX  
Address: 16554 NW 23 STREET  
City-St-Zip: PEMBROKE PINES, FL 33028

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CHARLIER, ALIX  
Address: 16554 NW 23 STREET  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: P (X) Change ( ) Addition  
Name: CHARLIER, ALIX  
Address: 16554 NW 23 STREET  
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALIX CHARLIER

P

05/05/2008

Electronic Signature of Signing Officer or Director

Date