

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000096550

FILED
Aug 24, 2009
Secretary of State

Entity Name: ULTIMATE QUALITY SERVICES INC.

Current Principal Place of Business:

15841 PINES BLVD
202
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

15841 PINES BLVD
202
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 65-1047528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: COLEY, ALFRED W
Address: 491 12TH AV #9
City-St-Zip: PORT ST LUCIE, FL 34986 US

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

Title: VP () Change (X) Addition
Name: JOSEPH, ALAND
Address: 1517 NW 97TH TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071 US

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

08/24/2009

Electronic Signature of Signing Officer or Director

Date