

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2006 8:00 am
Secretary of State

03-29-2006 90131 038 ***150.00

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1. Entity Name
QUALITY COMMUNICATIONS FIRE & SECURITY, INC.



Principal Place of Business
**3700 SW 30TH AVENUE
FORT LAUDERDALE, FL 33312**

Mailing Address
**3700 SW 30TH AVENUE
FORT LAUDERDALE, FL 33312**

66011682



02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0618381

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BREABAN, CARI
3700 SW 30 AVE
FORT LAUDERDALE, FL 33312**

**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 changing)

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
**D
HOOD, JOHN
3700 SW 30 AVENUE
FORT LAUDERDALE, FL 33312**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
PETERSON, JOHN
3700 SW 30 AVENUE
FORT LAUDERDALE, FL 33312**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
HOOD, SCOTT
3700 SW 30 AVE
FORT LAUDERDALE, FL 33312**

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 807, 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

Date

Day to Phone