

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000003369

1. Entity Name
USA QUALITY MAINTENANCE, INC.



FILED

04 APR 22 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1021 NE 24 AVENUE #18
POMPANO BEACH, FL 33062**

Mailing Address
**1021 NE 24 AVENUE #18
POMPANO BEACH, FL 33062**



2. Principal Place of Business
1021 NE 24 Ave.

3. Mailing Address
1021 NE 24 Ave. #

Suite, Apt. #, etc.
Apt. # 18

City & State
Pompano Beach FL

Zip
33062

Country

04092004 Chg-P CR2E034 (10/03)

4. FEI Number
82-0580251

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**TAX HOUSE CORPORATION
3929 N FEDERAL HWY
POMPANO BEACH, FL 33064**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOUZA, FABIO CARLOS 1021 NE 24 AVENUE #18 POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ORTIZ, MARTA CESANI 1021 NE 24 AVENUE #18 POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Marta Cesani* **04-15-04** (954) 263-4867

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #