

2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P03000139768

1. Entity Name

ACN QUALITY SERVICES, CORP.

Principal Place of Business

Mailing Address

2135 GRACE AVENUE
FORT MYERS, FL 33901

2135 GRACE AVENUE
FORT MYERS, FL 33901

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc.

Suite. Apt. #. etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0427397

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAX HOUSE CORPORATION

11607 S CLEVELAND AVE SUITE 6

FORT MYERS, FL 33907

Name

ANTONIO CARLOS NUNES

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

2135 GRACE AVENUE

City

FORT MYERS

FL

Zip Code

33907

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

10/21/2004

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW! FEE IS \$150.00

After MAY 1, 2004 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	ANTONIO CARLOS NUNES	2135 GRACE AVENUE	FORT MYERS, FL 33901				
VICE-PRESIDENT	ELISEU GONCALVES DE JESUS	7520 OMNI LANE #206	FORT MYERS, FL 33905				

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 11 or Block 12 N changed or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/2004

(239) 274-3969

Date

Daytime Phone #

202

FLORIDA DEPARTMENT OF STATE
Division of Corporation
2004 Uniform Business Report (UBR)
P.O. Box 6327
Tallahassee, FL 32314

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ACN QUALITY SERVICES, CORP.

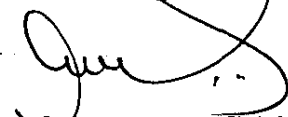
To Whom It May Concern:

This letter is to inform you that the corporation mentioned above has been made inactive for non-payment of the Annual Report which had a deadline of 05/01/2004.

Unfortunately, I did not receive notice of our obligation to file an annual report. As a result of this misunderstanding I was unaware of my corporation becoming inactive. I now want to reinstate it, but I am asking that the reinstatement fee be waived. Along with this letter I am including a check of \$150.00.

Thank you for your attention, should you have any questions please do not hesitate to contact me using the information listed below.

Sincerely,



ACN QUALITY SERVICES, CORP.
Antonio Carlos Nunes - President
2135 Grace Avenue
Fort Myers, FL 33901
Phone: (239) 274-3969