

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90003 008 ***150.00

DOCUMENT # P03000154024

1. Entity Name
QUALITY AIR DUCT CARE AND SERVICES, INC.



Principal Place of Business
**15541 SW 163RD STREET
MIAMI, FL 33187**

Mailing Address
**13727 SW 152ND STREET
BOX # 376
MIAMI, FL 33177**

03071196



08162004 Chg-P CR2E034 (10/03)

4. FEI Number
43-2038983

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

**SANCHEZ, FRANCES G MS.
15541 SW 163RD STREET
MIAMI, FL 33187**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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 ☐ Delete
NAME **P**
STREET ADDRESS **SANCHEZ, FRANCES G MS.**
CITY-ST-ZIP **15541 SW 163RD STREET
MIAMI, FL 33187**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCES G SANCHEZ

8-30-03

305-300-9287

Date

Daytime Phone #

Attachment
54071196

NEIL J MORNICK, C.P.A.
CERTIFIED PUBLIC ACCOUNTANT
Kendall Summit Executive Centre, #204
11440 N Kendall Drive
Miami, FL 33176
Tel. (305) 598-2224
Fax. (305) 598-2226

August 30, 2004

Reinstatement Division
Florida Dept of State
Division of Corporations
P O Box 1500
Tallahassee, FL 32302-1500

Re: Quality Air Duct Care and Services, Inc.
2004 Annual Report
Document No. P03000154024

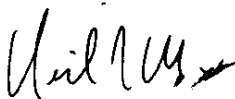
Gentlemen:

As the accountant for the above corporation, I am writing to request abatement of late filing penalty to renew the annual report.

Please be explained that the Annual Report Notice was never received. Enclosed are check No. 1129 for \$150 and the completed 2004 Annual Report for your perusal.

I beseech this one-time abatement of late filing penalty. Your confirmation of acceptance is appreciated. Thank you.

Sincerely,



Neil J. Mornick, CPA

NJM/kk
Enc.

cc: Client