


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2007 8:00 am
Secretary of State

08-03-2007 90021 015 ***150.00

DOCUMENT # P04000012269 1. Entity Name FIRST QUALITY CLEANING SERVICE, INC.					
Principal Place of Business 261 LAKE BREEZE CIR LAKE MARY, FL 32746			Mailing Address 261 LAKE BREEZE CIR LAKE MARY, FL 32746		
2. Principal Place of Business - No P.O. Box # 535 Queensbridge Rd. Suite, Apt. #, etc.		3. Mailing Address 535 Queensbridge Rd. Suite, Apt. #, etc.			
City & State Lake Mary, FL		City & State Lake Mary, FL		4. FEI Number 72-1578408	
Zip 32746		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERRERA, NELSON 261 LAKE BREEZE CIR LAKE MARY, FL 32746			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 535 Queensbridge Rd. Lake Mary City FL Zip Code 32746		
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 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRERA, NELSON 261 LAKE BREEZE CIR LAKE MARY, FL 32746	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERNANDEZ, HILDA 261 LAKE BREEZE CIR LAKE MARY, FL 32746	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 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: <u>Nelson Herrera</u> Date: <u>7-30-07</u>					