


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90044 040 \*\*\*150.00

<b>DOCUMENT # P04000022483</b>	
1. Entity Name <b>CS QUALITY WORK CORP</b>	

Principal Place of Business <b>275 EAST CENTRAL PARKWAY APT 1615 ALTAMONTE SPRING, FL 32701</b>	Mailing Address <b>275 EAST CENTRAL PARKWAY APT 1615 ALTAMONTE SPRING, FL 32701</b>
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2. Principal Place of Business <b>229 NW 8th Avenue</b>		3. Mailing Address <b>229 NW 8th Avenue</b>	
Suite, Apt. #, etc. <b>102</b>		Suite, Apt. #, etc. <b>102</b>	
City & State <b>Hallandale</b>		City & State <b>Hallandale</b>	
Zip <b>33009</b>	Country <b>Broward</b>	Zip <b>33009</b>	Country <b>Broward</b>



02082005 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0711512</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>SERRANO, CARLOS SR. 275 EAST CENTRAL PARKWAY APT 1615 ALTAMONTE SPRING, FL 32701</b>		7. Name and Address of New Registered Agent Name <b>Serrano, Carlos Sr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>229 NW 8th Avenue Apt. 102</b> City <b>Hallandale</b> FL Zip Code <b>33009</b>	

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 Carlos A. Serrano DATE 3-13-05

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SERRANO, CARLOS SR. 275 EAST CENTRAL PARKWAY, APT 1615 ALTAMONTE SPRINGS, FL 32701</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Serrano, Carlos Sr. 229 NW 8th Avenue, Apt 102 Hallandale, FL 33009</b> <input checked="" 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
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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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

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: Carlos A. Serrano DATE 3-13-05 DAYTIME PHONE # 954.457.9837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR