## 2008 FOR PROFIT CORPORATION

## ANNUAL REPORT

## **DOCUMENT # P04000036085**

1. Entity Name

C&L QUALITY SERVICES, INC.



Principal Place of Business

4101 N. ANDREWS AVENUE

SUITE 206

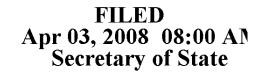
OAKLAND PARK, FL 33309

Mailing Address

4101 N. ANDREWS AVENUE

SUITE 206

OAKLAND PARK, FL 33309





DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 03312008 No Chg-P

4. FEI Number 03-0537771

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TANIS, CELICOEUR 1090 ALABAMA AVENUE FORT LAUDERDALE, FL 33312

## DO NOT WRITE IN THIS SPACE

Date

Dayline Phone #

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, typing or primed name of registered agent and title if applicable. (NOTE Registered Agent alguature required when reinstating)  DATE				
FILE NOWIII FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financi Trust Fund Contribution.			\$5.00 May Be Added to Fees	'n# 480080878548a1a isn an
10.	OFFICERS AND DIRECTORS	•		
TITLE ' NAME STREET ADDRESS CITY-ST-ZIP	D TANIS, PAULETTE 1090 ALABAMA AVENUE FORT LAUDERDALE, FL 33312			A Company of the Comp
TAILE NAME STREET ADDRESS CITY+ST-ZIP	D TANIS, CELICOEUR 1090 ALABAMA AVENUE FORT LAUDERDALE, FL 33312			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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 oddress, with all other like empowered.				