2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 23, 2007 08:00 A Secretary of State **DOCUMENT # P04000040075** 1. Entity Name Q-VAN SERVICES, INC. Principal Place of Business Mailing Address **627 SNOWDEN DRIVE 627 SNOWDEN DRIVE** LAKE WORTH, FL 33461 LAKE WORTH, FL 33461 01202007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0871988 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERNANDEZ, EDUARDO DO NOT WRITE 627 SNOWDEN DR LAKE WORTH, FL 33461 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS TITLE NAME HERNANDEZ, EDUARDO STREET ADDRESS 627 SNOWDEN DR CITY-ST-ZIP LAKE WORTH, FL 33461 TITLE *U00000*676669: HERNANDEZ, YOVANY NAME 03/30/07-80070-014 150.00 1514 S 6TH AVE STREET ADDRESS LAKE WORTH, FL 33460 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-702 TITLE

12. I hereby certify that the information supplied with filling 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 employee/ed 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:

NAME STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF BIGMING OFFICER OR DIRECTO

01/20/07

160-1492

FILED

Daytime Phone #