
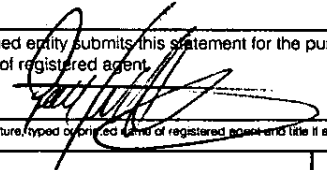
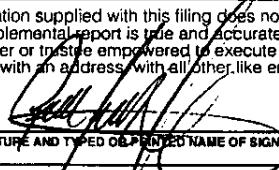


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90077 048 ***158.75

DOCUMENT # P04000062467 1. Entity Name P & C QUALITY SERVICE CORP					
Principal Place of Business 4367 NW 1 DR DEERFIELD BEACH, FL 33442			Mailing Address 4367 NW 1 DR DEERFIELD BEACH, FL 33442		
2. Principal Place of Business 4357 NW 1 DR		3. Mailing Address 4357 NW 1 DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Deerfield Beach		City & State DEERFIELD BEACH		4. FEI Number 27-0093102	
Zip 33442		Country Broward		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZUBIETA, PABLO 4367 NW 1 DR DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent Name ZUBIETA PABLO Street Address (P.O. Box Number is Not Acceptable) 4357 NW 1 DR City Deerfield FL Zip Code 33442			
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:  DATE: 02/25/2005 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUBIETA, PABLO 4367 NW 1 DR DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Zubieta NW 1 DR 4357 NW 1 DR Deerfield Beach FL 33442	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSALES, CILIVIANA 4367 NW 1 DR DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	(Empty row for additions/changes)		
(Empty row for officers/directors)			(Empty row for additions/changes)		
(Empty row for officers/directors)			(Empty row for additions/changes)		
(Empty row for officers/directors)			(Empty row for additions/changes)		
(Empty row for officers/directors)			(Empty row for additions/changes)		
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: 				DATE: 02/25/2005	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	