


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90130 020 ***150.00

DOCUMENT # P04000103896 1. Entity Name J.G. QUALITY HOME SERVICE, INC.	
---	---

Principal Place of Business 15100 N.E. 8TH AVE. N. MIAMI, FL 33162	Mailing Address 15100 N.E. 8TH AVE. N. MIAMI, FL 33162
--	--

50029981

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03162005	Chg-P	CR2E034 (10/03)
4. FEI Number 55-0873423	Applied For	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BELLOMO, JOSE C 15100 N.E. 8TH AVE. N. MIAMI, FL 33162

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

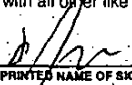
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

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	PD	TITLE	
NAME	BELLOMO, JOSE C	NAME	
STREET ADDRESS	15100 N.E. 8TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI, FL 33162	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	BELLOMO, JORGE L	NAME	
STREET ADDRESS	1700 N.W. N. RIVERDR. #101	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33125	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 3/16/05	Daytime Phone #: 305-269-0251
--	----------------------	--------------------------------------