

FROM : LAZARUS

FAX NO. : 3052201440

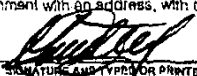
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**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000128776			
Entity Name LEANING QUALITY SERVICES U.S. CORP.			
Principal Place of Business 7230 Alahambra BLVD MIRAMAR, FL 33023		Mailing Address 7230 Alhambra BLVD Miramar, FL33023-5910	
Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		4. FEI Number 20-1608212	
6. Name and Address of Current Registered Agent CASTRO GLADY-M. 7230 Alhambra Blvd. Miramar, FL 33023		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 _____ (NOTE: Registered Agent signature required when reconstituting)			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPTD GUEVARA, ALEXANDER 5781 B N.W. 151 STREET MIAMI LAKES, FL 33014 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition 300133811703 07/31/08--01015--012 **150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P CASTRO, GLADY M 7230 Alhambra Blvd. Miramar, FL 33023 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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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 address, with all other like empowered.			
SIGNATURE: 		CASTRO GLADY M 07/18/08	