## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## May 25, 2006 8:00 am Secretary of State DOCUMENT # P05000054884 05-25-2006 90014 044 \*\*\*150.00 1. Entity Name H. Q. SERVICES OF FLORIDA, INC. Principal Place of Business Mailing Address 40094331 3805 SERVICE COURT 3805 SERVICE COURT LAKE WORTH, FL 33467 US LAKE WORTH, FL 33467 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05192006 CR2E034 (11/05) City & State Applied For City & State 4. FEI Number 20- 267 8696 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ, HAYDEE Street Address (P.O. Box Number is Not Acceptable) 815 BELVEDERE ROAD WEST PALM BEACH, FL 33405 City 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 SIGNATURE ne of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition Change TITLE Delete TITLE **QUINTANA HEBERT** NAME NAME 3805 SERVICE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition Pagliari Jonge NAME NAME ITH Avenue STREET ADDRESS STREET ADDRESS SN DOW CITY-ST-ZIP CITY-ST-ZIP Fort Laudordale , FL 7 Change Addition TITLE 🗌 Delete TITLE NAME NAME Tose Tylio STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 33437 \_\_ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 address, with all other like empowered.

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

05-16-06

Daytime Phone #