

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000054884

1. Entry Name

H. Q. SERVICES OF FLORIDA, INC.



Principal Place of Business

3805 SERVICE COURT  
LAKE WORTH, FL 33467 US

Mailing Address

3805 SERVICE COURT  
LAKE WORTH, FL 33467 US

**FILED**  
**Sep 12, 2008 08:00 AM**  
**Secretary of State**



09092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2678696

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

QUINTANA, HEBERT  
3805 SERVICE COURT  
WEST PALM BEACH, FL 33405

**DO NOT WRITE  
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

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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME QUINTANA, HEBERT  
STREET ADDRESS 3805 SERVICE COURT  
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE V  
NAME PAGLIARI, JORGE  
STREET ADDRESS 6100 NE 4TH AVE.  
CITY-ST-ZIP FORT LAUDERDALE, FL 33339

TITLE S  
NAME GARAY, JOSE J  
STREET ADDRESS 3636 WINDY CIRCLE  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/08

Date

Daytime Phone #