

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90270 001 \*\*\*150.00

<b>DOCUMENT # P05000100991</b> 1. Entity Name <b>LABRADA QUALITY SERVICE, INC</b>			
Principal Place of Business <b>231 19 STREET SW</b> <b>NAPLES, FL 34117 US</b>		Mailing Address <del>231 19 STREET SW</del> <del>NAPLES, FL 34117 US</del>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>PO Box - 10484</b> Suite, Apt. #, etc.	
City & State City: <b>NAPLES</b> State: <b>FL</b>		4. FEI Number <b>20-3179876</b>	
Zip <b>34101-0484</b>		Country <b>US</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>LABRADA, JERSON G</b> <b>231 19 STREET SW</b> <b>NAPLES, FL 34117</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> 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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		DATE <b>4/10/06</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>LABRADA, JERSON G</b> <b>231 19 STREET SW</b> <b>NAPLES, FL 34117</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> 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: <small>Typed or printed name of signing officer or director</small>		Date <b>4/10/06</b>	