

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # P05000139725

1. Entity Name
HI QUALITY SERVICES, INC.



Principal Place of Business
8228 LAKEVIEW DR.
W. PALM BEACH, FL 33412

Mailing Address
8228 LAKEVIEW DR.
W. PALM BEACH, FL 33412



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3752035	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE STEFANO, PETER
8228 LAKEVIEW DR.
W. PALM BEACH, FL 33412

**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
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

U000000905428
05/01/08-80054-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DE STEFANO, PETER
STREET ADDRESS	8228 LAKEVIEW DR.
CITY-ST-ZIP	W. PALM BEACH, FL 33412

TITLE	VSD
NAME	CIALLELLA, RICHARD
STREET ADDRESS	8917 ALEXANDRA CIR.
CITY-ST-ZIP	WELLINGTON, FL 33414

TITLE	TD
NAME	CIALLELLA, ANNETTE
STREET ADDRESS	8917 ALEXANDRA CIR.
CITY-ST-ZIP	WELLINGTON, FL 33414

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:

Richard Ciallella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08

Date

561-790-2617

Daytime Phone #