

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 27, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000166879**

1. Entity Name  
**QUALITY AUDIT SERVICES INC.**



Principal Place of Business

**23085 AQUA VIEW  
#3  
BOCA RATON, FL 33433**

Mailing Address

**23085 AQUA VIEW  
#3  
BOCA RATON, FL 33433**



05182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**20-3994252**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**TONE, JAMES E  
23085 AQUA VIEW  
#3  
BOCA RATON, FL 33433**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES  
TONE, JAMES E  
23085 AQUA VIEW #3  
BOCA RATON, FL 33433**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

U000000952096  
06/04/08-80065-011 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*James E. TONE* *James E. TONE* *5/16/08* *561 347*  
*7540*