2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000115987

Entity Name: F&R QUALITY SERVICES, INC.

FILED May 22, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2190 SW NEWPORT ISLES BLVD 8332 BUTTERFIELD LN PORT SOINT LUCIE, FL 34953 US BOCA RATON, FL 33433 US

Current Mailing Address: New Mailing Address:

2190 SW NEWPORT ISLES BLVD 8332 BUTTERFIELD LN PORT SOINT LUCIE, FL 34953 US BOCA RATON, FL 33433 US

FEI Number: 20-5533399 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAX HOUSE CORPORATION

1100 S FEDERAL HWY

2ND FLOOR

DERFIELD BEACH, FL 33441 US

ROSA, ANDRE PD

8332 BUTTERFIELD LANE
BOCA RATON, FL 33433

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.

SIGNATURE: ANDRE ROSA 05/22/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

Title: P () Delete Title: () Change () Addition

 Name:
 ROSA, ANDRE
 Name:

 Address:
 2190 SW NEWPORT ISLES BLVD
 Address:

 City-St-Zip:
 PORT SAINT LUCIE, FL 34953 US
 City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 FABRIS, ROBSON J
 Name:

 Address:
 2190 SW NEWPORT ISLES BLVD
 Address:

 City-St-Zip:
 PORT SAINT LUCIE, FL 34953 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRE ROSA PD 05/22/2009