

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000021573

Entity Name: AAA QUALITY CARE, INC.

FILED
Apr 03, 2008
Secretary of State

Current Principal Place of Business:

504 MOROCCO AVE
ORLANDO, FL 32807 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 570102
ORLANDO, FL 328570102 US

New Mailing Address:

PO BOX 570102
ORLANDO, FL 32857 US

FEI Number: 35-2289757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAEZTU, JEANNETTE
504 MOROCCO AVE
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

MAEZTU, VICTOR M II
504 MOROCCO AVE
ORLANDO, FL 32807 US

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: VICTOR M MAEZTU II

04/03/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAEZTU, JEANNETTE
Address: 504 MOROCCO AVE
City-St-Zip: ORLANDO, FL 32807 US

Title: VP () Delete
Name: MAEZTU, VICTOR M II
Address: 504 MOROCCO AVE
City-St-Zip: ORLANDO, FL 32807 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: VICTOR M MAEZTU II

VP

04/03/2008

Electronic Signature of Signing Officer or Director

Date