

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000025026

FILED
Apr 01, 2009
Secretary of State

Entity Name: QUALITY TRANSPORTATION SERVICES, INC.

Current Principal Place of Business:

8109 NW 95 LANE
TAMARAC, FL 33321

New Principal Place of Business:

4510 SW DARWIN BLVD.
PORT ST. LUCIE, FL 34953

Current Mailing Address:

8109 NW 95 LANE
TAMARAC, FL 33321

New Mailing Address:

4510 SW DARWIN BLVD.
PORT ST. LUCIE, FL 34953

FEI Number: 26-2170980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, NOEL
8109 NW 95 LANE
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

PEREZ, NOEL
4510 SW DARWIN BLVD.
PORT ST. LUCIE, FL 34953 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:

04/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PEREZ, NOEL
Address: 8109 NW 95 LANE
City-St-Zip: TAMARAC, FL 33321

Title: VP () Delete
Name: PEREZ, NOEL A JR.
Address: 8109 NW 95 LANE
City-St-Zip: TAMARAC, FL 33321

Title: TREA () Delete
Name: PEREZ, MAHIRENE
Address: 8109 NW 95 LANE
City-St-Zip: TAMARAC, FL 33321

Title: SEC () Delete
Name: PEREZ, CHRISTINA B
Address: 8109 NW 95 LANE
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PEREZ, NOEL
Address: 4510 SW DRWIN BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VP (X) Change () Addition
Name: PEREZ, NOEL A JR.
Address: 4510 SW DARWIN BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: TREA (X) Change () Addition
Name: PEREZ, MAHIRENE
Address: 4510 SW DARWIN BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: SEC (X) Change () Addition
Name: PEREZ, CHRISTINA B
Address: 4510 SW DARWIN BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34953

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: NOEL PEREZ

P

04/01/2009

Electronic Signature of Signing Officer or Director

Date