

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000037729

1. Entity Name

L.M. QUALITY MANAGEMENT SERVICE CORP.



Principal Place of Business

L.M. QUALITY MANAGEMENT
6200 W. FLAGLER ST. # 401
MIAMI, FL 33144 US

Mailing Address

L.M. QUALITY MANAGEMENT
6200 W. FLAGLER ST. 401
MIAMI, FL 33144 US



04232008

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0412770

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NUNEZ, ALEXANDER
6200 W FLAGLER ST
401
MIAMI, FL 33144

**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

Alexander Nunez

4/23/08

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NUNEZ, ALEXANDER
STREET ADDRESS 6200 W FLAGLER ST. #401
CITY-ST-ZIP MIAMI, FL 33144

TITLE TD
NAME NUNEZ, LUZMARY
STREET ADDRESS 6200 W FLAGLER ST. #401
CITY-ST-ZIP MIAMI, FL 33144

TITLE SD
NAME NUNEZ, AMADO
STREET ADDRESS 6200 W FLAGLER ST. #401
CITY-ST-ZIP MIAMI, FL 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000930352
05/21/08-80105-012 158.75

**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

LUZMARY NUNEZ

Date

4/23/08

Daytime Phone #

3052672200