


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90330 004 \*\*\*150.00

<b>DOCUMENT # P97000049755</b>	
1. Entity Name TOP QUALITY MAINTENANCE, INC.	

Principal Place of Business 5925 RAVONSWOOD ROAD BAY 07-D5 DANIA, FL 33312	Mailing Address 3941 N 40TH AVE. HOLLYWOOD, FL 33021
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2. Principal Place of Business 4020 GALT OCEAN DRIVE Apt 1012 FL LAUDERDALE FL	3. Mailing Address 4020 GALT OCEAN DRIVE Apt 1012 FL LAUDERDALE FL
City, Apt. #, etc. Apt 1012	City, Apt. #, etc. Apt 1012
City & State FL LAUDERDALE FL	City & State FL LAUDERDALE FL
Zip 33308	Country FLORIDA



01052005	Chg-P	CR2E034 (10/03)
4. FEI Number 65-0762705	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STELLINE, JANE M 3941 NORTH 40TH AVE. HOLLYWOOD, FL 33021
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7. Name and Address of New Registered Agent Name LUCIAN D. TICIU Street Address (P.O. Box Number is Not Acceptable) 4020 GALT OCEAN DRIVE Apt 1012 City FL LAUDERDALE FL Zip Code 33308
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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 Lucian D. Ticu (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STELLINE, JANE M 3941 NORTH 40TH AVE. HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TICIU, LUCIAN D 3941 NORTH 40TH AVE. HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES JANE M. STELLINE 4020 GALT OCEAN DRIVE Apt 1012 FL LAUDERDALE FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. TICIU, LUCIAN D 4020 GALT OCEAN DRIVE Apt 1012 FL LAUDERDALE FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Lucian D. Ticu 4/18/05 954-567-3591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #