

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000049755

1. Entity Name

TOP QUALITY MAINTENANCE, INC.



FILED
Feb 22, 2007 08:00 AM
Secretary of State

Principal Place of Business

4020 GALT OCEAN DRIVE, APT 1012
FORT LAUDERDALE, FL 33308

Mailing Address

4020 GALT OCEAN DRIVE, APT 1012
FORT LAUDERDALE, FL 33308



01182007

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0762705

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

TICIU, LUCIAN D
4020 GALT OCEAN DRIVE, APT 1012
FORT LAUDERDALE, FL 33308

**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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000643115
03/01/07-80074-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	STELLINE, JANE M
STREET ADDRESS	4020 GALT OCEAN DRIVE, APT 1012
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	PD
NAME	TICIU, LUCIAN D
STREET ADDRESS	4020 GALT OCEAN DRIVE, APT 1012
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

Date

Daytime Phone

2/25/07 954-567-3591