

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # P97000049755

Entity Name
OP QUALITY MAINTENANCE, INC.



Principal Place of Business

**320 GALT OCEAN DRIVE, APT 1012
FORT LAUDERDALE, FL 33308**

Mailing Address

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



04092008 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

**ICIU, LUCIAN D
020 GALT OCEAN DRIVE, APT 1012
FORT LAUDERDALE, FL 33308**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

OFFICERS AND DIRECTORS

LE VPD
ME STELLINE, JANE M
REET ADDRESS 4020 GALT OCEAN DRIVE, APT 1012
TY-ST-ZIP FORT LAUDERDALE, FL 33308

LE PD
ME TICIU, LUCIAN D
REET ADDRESS 4020 GALT OCEAN DRIVE, APT 1012
TY-ST-ZIP FORT LAUDERDALE, FL 33308

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04/29/08-80037-024 150.00

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IN THIS SPACE**

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: *Juan Ticiu* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/08