2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000008724

1. Entity Name
QUALITY SECURITY SERVICES, INC.

Principal Place of Business	Mailing Address
2500 NW 79TH AVENUE SUITE 171 MIAMI, FL 33122	2500 NW 79TH AVENUE SUITE 171 MIAMI, FL 33122

DO NOT WRITE IN THIS SPACE

02022007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0803924		Not Applicable
5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES, JESUS A
420 W 77TH ST
HIALEAH, FL 33014

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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_____

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	U00000625385 02/14/07-80073-007 150.00

10.   OFFICERS AND DIRECTORS

TITLE	VS
NAME	LORENZO, SADY
STREET ADDRESS	4337 W 9TH COURT
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	DP
NAME	VALDES, JESUS A
STREET ADDRESS	420 W 77TH STREET
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Sady Lorenzo_   2/2/07   305-271-2020

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