

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000102935

1. Entity Name
HOME SOLUTIONS & QUALITY SERVICES, INC.



Principal Place of Business
**621 N. 67TH STREET
HOLLYWOOD, FL 33024**

Mailing Address
**621 N. 67TH STREET
SUITE 208
HOLLYWOOD, FL 33024**



03192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0964378	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CONINE, MERLAND J
1799 NE 164TH STREET STE 113
N. MIAMI BEACH, FL 33162**

**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 Merland J. Conine 03/20/08
Signature, typed or printed name of registered agent and title if applicable. (If not, 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**

**U000000920097
05/14/08-80030-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WOOLLEY, DIN H 621 N. 67TH STREET HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONINE, MERLAND J 1799 NE 164TH ST. STE 113 N. MIAMI BEACH, FL 33162
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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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/08 954.965.7929
Date Daytime Phone #