

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000093410

**Entity Name:** GMD QUALITY MULTISERVICES, INC.

**FILED**  
**Apr 13, 2016**  
**Secretary of State**  
**CC6716193349**

**Current Principal Place of Business:**

949 FRANCIS STREET  
#A  
WEST PALM BEACH, FL 33405

**Current Mailing Address:**

949 FRANCIS STREET  
#A  
WEST PALM BEACH, FL 33405 FL

**FEI Number: 26-0756383**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GALLEGOS, LUIS A  
949 FRANCIS STREET  
#A  
WEST PALM BEACH, FL 33405 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            GALLEGOS, LUIS A  
Address        949 FRANCIS STREET #A  
City-State-Zip: WEST PALM BEACH FL 33405

Title            VP  
Name            GALLEGOS, LUIS A  
Address        949 FRANCIS STREET #A  
City-State-Zip: WEST PALM BEACH FL 33405

Title            S  
Name            GALLEGOS, LUIS A  
Address        949 FRANCIS STREET #A  
City-State-Zip: WEST PALM BEACH FL 33405

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LUIS GALLEGOS**

**04/13/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date