

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000101144

**Entity Name:** QUALITY 1 AUTO CARE, INC.

**Current Principal Place of Business:**

19 HARDEE ST.  
LABELLE, FL 33835

**Current Mailing Address:**

P.O. BOX 685  
LABELLE, FL 33975

**FEI Number:** 65-0961949

**Certificate of Status Desired:** No

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

BHAGWANDIN, SHARDHANAND  
19 HARDEE STREET  
LABELLE, FL 33935 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            BHAGWANDIN, SHARDANAND  
Address        19 HARDEE STREET  
City-State-Zip: LABELLE FL 33935

*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:** SHARDANAND BHAGWANDIN

**PRESIDENT**

**03/27/2015**

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

\_\_\_\_\_ Date