


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K18973</b> 1. Entity Name BBB QUAIL ROOST PLAZA ASSOCIATES, INC.	
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Principal Place of Business C/O ARTURO GONZALEZ 11492 QUAIL ROOST DR MIAMI FL 33157	Mailing Address C/O ARTURO GONZALEZ 11492 QUAIL ROOST DR MIAMI FL 33157
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-2293392</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  GONZALEZ, ARTURO 11492 QUAIL ROOST DR MIAMI FL 33157
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<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table style="width: 100%;"> <tr> <td style="width: 80%;">                             D                              GONZALEZ, ARTURO                              11492 QUAIL ROOST DR                              MIAMI FL 33157                         </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete                         </td> </tr> </table>	D GONZALEZ, ARTURO 11492 QUAIL ROOST DR MIAMI FL 33157	<input type="checkbox"/> Delete		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
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 03/26/05-80036-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <b>3/22/05 (305) 209-8900</b>	Daytime Phone # _____
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