


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # K18973**  
1. Entity Name  
**BBB QUAIL ROOST PLAZA ASSOCIATES, INC.**



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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**DO NOT WRITE IN THIS SPACE**



03192008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2293392	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
  
GONZALEZ, ARTURO  
11492 QUAIL ROOST DR  
MIAMI, FL 33157

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GONZALEZ, ARTURO
STREET ADDRESS	11492 QUAIL ROOST DR
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	GONZALEZ, JOSE A.
STREET ADDRESS	11468 QUAIL ROOST DR
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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04/08/08-80086-007 150.00

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:**  **3-19-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #