2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 408069

City-St-Zip: MIAMI, FL 33157

QUAIL ROOST PROPERTIES, INC

FILED Apr 25, 2004 Secretary of State

Entity Nar	me: QUAIL RO	DOST PROPERTIES, INC.			
Current Principal Place of Business:			New Prince	ipal Place of Business:	
11222 QUA MIAMI, FL	AIL ROOST DF 33157	2			
Current Mailing Address:			New Maili	ng Address:	
	AIL ROOST DF RPORATE PL 33157				
FEI Number:	: 59-1414202	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
1201 HAYS	ATION SERVIC S STREET SSEE, FL 3230				
	named entity see of Florida.	submits this statement for the pu	ırpose of changing i	ts registered office or registered agent, or both,	
SIGNATURE:					
	Electron	ic Signature of Registered Ager	nt	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () LEVY, GUSTAV 11222 QUAIL R MIAMI, FL 331	OOST DR.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () GUTIERREZ, M 11222 QUAIL R MIAMI, FL 331	OOST DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () DENISON, FLO 11222 QUAIL R MIAMI, FL		Title: Name: Address: City-St-Zip:	D (X) Change () Addition LAMNIN, ADAM 11222 QUAIL ROOST DRIVE MIAMI, FL	
Title: Name: Address: City-St-Zip:	SD () HEGGEN, ARTH 11222 QUAIL R MIAMI, FL 331	OOST DR.	Title: Name: Address: City-St-Zip:	ASD (X) Change () Addition HEGGEN, ARTHUR 11222 QUAIL ROOST DR. MIAMI, FL 33157	
Title: Name: Address: City-St-Zip:	TCFO () CASTELO, ENR 11222 QUAIL R MIAMI, FL 331:	OOST DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	AS () ARAGON-CRUZ		Title: Name:	S (X) Change () Addition ARAGON-CRUZ, JEANNIE	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

City-St-Zip: MIAMI, FL 33157

SIGNATURE: JEANNIE ARAGON-CRUZ S 04/25/2004