

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 408069

FILED
Apr 02, 2009
Secretary of State

Entity Name: QUAIL ROOST PROPERTIES, INC.

Current Principal Place of Business:

11222 QUAIL ROOST DR
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

11222 QUAIL ROOST DR
ATTN: CORPORATE SECRETARY
MIAMI, FL 33157

New Mailing Address:

FEI Number: 59-1414202 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TOURAL, AMELIA
Address: 11222 QUAIL ROOST DR.
City-St-Zip: MIAMI, FL 33157

Title: DTCF () Delete
Name: STOCKER, WENDALL
Address: 260 INTERSTATE NO CIRCLE SE
City-St-Zip: ATLANTA, GA 33039

Title: D () Delete
Name: LAMNIN, ADAM
Address: 11222 QUAIL ROOST DRIVE
City-St-Zip: MIAMI, FL

Title: AS () Delete
Name: HEGGEN, ARTHUR
Address: 11222 QUAIL ROOST DR.
City-St-Zip: MIAMI, FL 33157

Title: VP () Delete
Name: SHEEHAN, JOHN
Address: ONE CHASE MANHATTAN PLAZA
City-St-Zip: NEW YORK, NY 10005

Title: DS () Delete
Name: ARAGON-CRUZ, JEANNIE
Address: 11222 QUAIL ROOST DR.
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BECERRA, MANUEL J
Address: 11222 QUAIL ROOST DR.
City-St-Zip: MIAMI, FL 33157

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: JEANNIE ARAGON-CRUZ

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04/02/2009

Electronic Signature of Signing Officer or Director

Date