

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90302 007 ****66.25

DOCUMENT # 767669 1. Entity Name QUALITY PLAZA WAREHOUSE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 5451 W 9TH CT HIALEAH, FL 33012	Mailing Address 5451 W 9TH CT HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE



04182005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VAZQUEZ, ADALBERTO
5451 W 9TH CT
HIALEAH, FL 33012**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

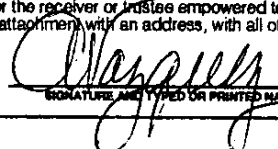
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VAZQUEZ, ADALBERTO 5451 W. 9TH CT HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS VASQUEZ, MILAGROS 5451 W. 9TH CT HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MALECKA, MICHAEL R 1655 W. 39TH PL HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, 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:  **4-18-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #