## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT #767669**

1. Entity Name

QUALITY PLAZA WAREHOUSE CONDOMINIUM ASSOCIATION, INC.



**FILED** Apr 07, 2008 08:00 Al Secretary of State

Principal Place of Business

5451 W 9TH CT HIALEAH, FL 33012 Mailing Address

5451 W 9TH CT HIALEAH, FL 33012



## DO NOT WRITE IN THIS SPACE

01212008 No Chg-NP

CR2E037 (4/06)

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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when rematating) DATE						
Filing Fee Is \$61.25  Due by May 1, 2008  9. Election Campaign Financi  Trust Fund Contribution.			0	\$5.00 May Be Added to Fees	U00000883917 04/17/08-80023-002 61.35	
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			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with any address, with all other like empowered.

SIGNATURE: