

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90426 039 ***150.00

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1. Entity Name
BOTTLE (FL) QRS 16-70, INC.



Principal Place of Business
**50 ROCKEFELLER PLAZA 2ND FLOOR
NEW YORK, NY 10020**

Mailing Address
**50 ROCKEFELLER PLAZA 2ND FLOOR
NEW YORK, NY 10020**

40089936



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172007

Chg-P

CR2E034 (12/06)

4. FEI Number
20-4130773

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **CAREY, WM POLK**
STREET ADDRESS **50 ROCKEFELLER PLAZA 2ND FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10020**

TITLE **VC** ☐ Delete
NAME **DUGAN, GORDON F**
STREET ADDRESS **50 ROCKEFELLER PLAZA 2ND FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10020**

TITLE **D** ☒ Delete
NAME **BOND, TREVOR P**
STREET ADDRESS **50 ROCKEFELLER PLAZA 2ND FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10020**

TITLE **D** ☐ Delete
NAME **MUNSON, ELIZABETH P**
STREET ADDRESS **50 ROCKEFELLER PLAZA 2ND FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10020**

TITLE **D** ☐ Delete
NAME **PRICE, JAMES D**
STREET ADDRESS **50 ROCKEFELLER PLAZA 2ND FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10020**

TITLE **D** ☐ Delete
NAME **ZACHARIAS, THOMAS E**
STREET ADDRESS **50 ROCKEFELLER PLAZA 2ND FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10020**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **YASMIN GUERRERO**
STREET ADDRESS **50 ROCKEFELLER PLAZA, 2ND FLOOR**
CITY-ST-ZIP **NEW YORK, NEW YORK 10020-1605**

TITLE **ASSISTANT TREASURER** ☐ Change ☒ Addition
NAME **ANSON S. WONG**
STREET ADDRESS **50 ROCKEFELLER PLAZA, 2ND FLOOR**
CITY-ST-ZIP **NEW YORK, NEW YORK 10020-1605**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: Anson S. Wong, Assistant Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2007
Date

212-492-1100
Daytime Phone #