2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # L11438 1. Entity Name QUISQUEYA PLAZA CORPORATION								05-01-20	06 90472	2 021 ***	158.75
Principal Place of Business			-	Mailing Address							
13405 N.E. 2ND CT. Miami, Fl 33161				13405 N.E. 2ND CT. MIAMI, FL 33161							
, , , , ,			***************************************					IPS: (IB)(B18PS 1931 18	I) Ö FRII B INII BES	III 838 II 818I I 8 18	III CAN II CAN
2. Principal Place of Business			3. Mailir	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04262006	Chg-P	CR2E0	34 (11/05)	
City & State			City &	City & State			4. FÉI Number 65-0142		,		optied For ot Applicable
Zip Country		Zip	Zip Counti		ntry	5. Certificate o	f Status Desired		\$8.75 Add Fee Require		
	6. Name	and Address of Cur	rent Registered	Agent			7. Name and A	ddress of New F	Registered A	\gent	-
RUIZ, PEC	RO					Name					
13405 NE 2ND CT MIAMI, FL 33161					Street Address (P.O. Box Number is Not Acceptable)						
•						City				Zip Cod	<u> </u>
9 The above	named entit	y submits this stateme	ent for the purpor	no of changing its	roginter	'	ared seems as bush	:- +b - 0+-+	FL	· '	i
the obligat	ions of regist	tered agent.	ant for the purpos	se or crianging its	register	ed office of registe	ered agent, or both	, in the State of H	onda.iami	ramiliar with,	and accept
SIGNATURE.	Signature, typed	or printed name of registered	agent and title if applic	able. (NOTI	: Registere	d Agent signature require	ed when reinstating)		DATE		
Alter may 1, 2000 1 00 Will be 4000100											
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 6 Fee will be \$5				ncing \$5	5.00 May Be ded to Fees				-
After Ma	ay 1, 2000	6 Fee will be \$5		Trust Fund Cont	ribution,	☐ Åde		HANGES TO OFF	FICERS AND		
After Ma	S RUIZ, CA	6 Fee will be \$5	50.00	Trust Fund Cont	ribution.	☐ Ådo		HANGES TO OFF	FICERS AND	DIRECTORS	S IN 11
After Ma 10. TITLE NAME STREET ADDRESS	S RUIZ, CA 715 NE 15	OFFICERS / RMEN Y. 52 ST	50.00	Trust Fund Cont	11. TITU NAM	E EET ADDRESS		HANGES TO OFF	FICERS AND		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUIZ, CA 715 NE 15 MIAMI, FL	OFFICERS / RMEN Y. 52 ST	50.00	Trust Fund Cont S Delete	11. TITU NAM STRE	E IE EET ADDRESSST-ZIP		HANGES TO OFF	FICERS AND	Change	Addition
After Ma 10. TITLE NAME STREET ADDRESS	S RUIZ, CA 715 NE 15	OFFICERS / OFFICERS / RMEN Y. 52 ST - 33162	50.00	Trust Fund Cont	11. TITU NAM	E E E E E E E E E E E E E E E E E E E		HANGES TO OFF	FICERS AND		
After Ma 10. IIILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	S RUIZ, CAI 715 NE 15 MIAMI, FL PT RUIZ, PE 715 N.E.	OFFICERS / OFFICERS / RMEN Y. 52 ST 2 33162 DRO 152 ST.	50.00	Trust Fund Cont S Delete	11. TITLI NAM STRE CITY TITLI NAM STRE	E E E E E E E E E E E E E E E E E E E		HANGES TO OFF	FICERS AND	Change	Addition
After Ma 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUIZ, CAI 715 NE 15 MIAMI, FL PT RUIZ, PE 715 N.E.	OFFICERS / OFFICERS / RMEN Y. 52 ST _ 33162 DRO	50.00	Trust Fund Cont S Delete Delete	TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY	Add E E EET ADDRESSST-ZIP E EET ADDRESSST-ZIP		HANGES TO OFF	FICERS AND	☐ Change	Addition
After Ma 10. IIILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	S RUIZ, CAI 715 NE 15 MIAMI, FL PT RUIZ, PE 715 N.E.	OFFICERS / OFFICERS / RMEN Y. 52 ST 2 33162 DRO 152 ST.	50.00	Trust Fund Cont S Delete	11. TITLI NAM STRE CITY TITLI NAM STRE	Add E E EEEE ADDRESSST-ZIP E EEEET ADDRESSST-ZIP E EEET ADDRESSST-ZIP E		HANGES TO OFF	FICERS AND	Change	Addition
After Ma 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	S RUIZ, CAI 715 NE 15 MIAMI, FL PT RUIZ, PE 715 N.E.	OFFICERS / OFFICERS / RMEN Y. 52 ST 2 33162 DRO 152 ST.	50.00	Trust Fund Cont S Delete Delete	TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE	E E E E E E E E E E E E E E E E E E E		HANGES TO OFF	FICERS AND	☐ Change	Addition
After Ma 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	S RUIZ, CAI 715 NE 15 MIAMI, FL PT RUIZ, PE 715 N.E.	OFFICERS / OFFICERS / RMEN Y. 52 ST 2 33162 DRO 152 ST.	50.00	Trust Fund Cont S Delete Delete	TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY	Add E E EET ADDRESSST-ZIP E EET ADDRESSST-ZIP E EET ADDRESSST-ZIP E E ET ADDRESSST-ZIP		HANGES TO OFF	FICERS AND	☐ Change	Addition Addition
After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	S RUIZ, CAI 715 NE 15 MIAMI, FL PT RUIZ, PE 715 N.E.	OFFICERS / OFFICERS / RMEN Y. 52 ST 2 33162 DRO 152 ST.	50.00	Trust Fund Cont S Delete Delete	TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE	Add E E EEE ADDRESSST-ZIP E EEET ADDRESSST-ZIP E E EEE ADDRESSST-ZIP E E E E E E E E E E E E E E E E E E E		HANGES TO OFF	FICERS AND	☐ Change	Addition
After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S RUIZ, CAI 715 NE 15 MIAMI, FL PT RUIZ, PE 715 N.E.	OFFICERS / OFFICERS / RMEN Y. 52 ST 2 33162 DRO 152 ST.	50.00	Trust Fund Cont S Delete Delete	TITLI NAM STRE CITY TITLI NAM STRE	Add E E E E E E E E E E E E E E E E E E		HANGES TO OFF	FICERS AND	☐ Change	Addition Addition
After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	S RUIZ, CAI 715 NE 15 MIAMI, FL PT RUIZ, PE 715 N.E.	OFFICERS / OFFICERS / RMEN Y. 52 ST 2 33162 DRO 152 ST.	50.00	Trust Fund Cont S Delete Delete Delete	TITLI NAM STRE CITY TITLI NAM STRE	Add E E EET ADDRESSST-ZIP E E E-ST-ZIP E E-ST-ZIP E E-ST-ZIP E-ST-ZIP		HANGES TO OFF	FICERS AND	Change Change Change	Addition Addition Addition
After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	S RUIZ, CAI 715 NE 15 MIAMI, FL PT RUIZ, PE 715 N.E.	OFFICERS / OFFICERS / RMEN Y. 52 ST 2 33162 DRO 152 ST.	50.00	Trust Fund Cont S Delete Delete	TITLI NAM STRE CITY	Add E E E E E E E E E E E E E E E E E E		HANGES TO OFF	ICERS AND	☐ Change	Addition Addition
After Ma 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE THE	S RUIZ, CAI 715 NE 15 MIAMI, FL PT RUIZ, PE 715 N.E.	OFFICERS / OFFICERS / RMEN Y. 52 ST 2 33162 DRO 152 ST.	50.00	Trust Fund Cont S Delete Delete Delete	TITLI NAM STRE CITY	Add E E EEE ADDRESSST-ZIP E EEE ADDRESSST-ZIP E EEE ADDRESSST-ZIP E EEE ADDRESSST-ZIP E E E E-ST-ZIP E E E E-ST-ZIP E E E E E E E E E E E E E E E E E E E		HANGES TO OFF	FICERS AND	Change Change Change	Addition Addition Addition
After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S RUIZ, CAI 715 NE 15 MIAMI, FL PT RUIZ, PE 715 N.E.	OFFICERS / OFFICERS / RMEN Y. 52 ST 2 33162 DRO 152 ST.	50.00	Trust Fund Cont S Delete Delete Delete	TITLI NAM STRE CITY	Add E E EET ADDRESSST-ZIP E E EET ADDRESSST-ZIP E E E-ST-ZIP E E E-ST-ZIP E E E-ST-ZIP E E E-ST-ZIP		HANGES TO OFF	FICERS AND	Change Change Change	Addition Addition Addition
After Ma 10. III/LE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	S RUIZ, CAI 715 NE 15 MIAMI, FL PT RUIZ, PE 715 N.E.	OFFICERS / OFFICERS / RMEN Y. 52 ST 2 33162 DRO 152 ST.	50.00	Trust Fund Cont S Delete Delete Delete	TITLE NAM STRE CITY	Add E E E E E E E E E E E E E E E E E E		HANGES TO OFF	FICERS AND	Change Change Change	Addition Addition Addition Addition
After Ma 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	S RUIZ, CAI 715 NE 15 MIAMI, FL PT RUIZ, PE 715 N.E.	OFFICERS / OFFICERS / RMEN Y. 52 ST 2 33162 DRO 152 ST.	50.00	Trust Fund Cont S Delete Delete Delete	TITLE NAME STREE CITY TITLE NAME STREET	Add E E EET ADDRESSST-ZIP E EET ADDRESSST-ZIP E EET ADDRESSST-ZIP E E EET ADDRESSST-ZIP E E EET ADDRESSST-ZIP E E E E-T ADDRESSST-ZIP E E E E-T ADDRESSST-ZIP E E E E E E E E E E E E E E E E E E E		HANGES TO OFF	FICERS AND	Change Change Change	Addition Addition Addition Addition

12. Thereby 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 (eceive for trustee ampowered 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 in an address, with all other like empowered.

SIGNATURE:

MED NAME OF SIGNING OFFICER OF DIRECTOR

1/28/00 (305) 899-0973

Daytime Phone #