

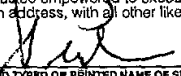


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

Apr 29
Sec

DOCUMENT # N04000000132			
1. Entity Name MIAMI-DADE QUALITY HOMES, INC.			
Principal Place of Business 4345 SW 72 AVENUE SUITE H MIAMI, FL 33155		Mailing Address 4345 SW 72 AVENUE SUITE H MIAMI, FL 33155	
DO NOT WRITE IN THIS SPACE			
		01032005 No Chg-NP CR2E037 (10/03)	
		4. FET Number 30-0252732	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
PERLMAN, STUART D 4345 SW 72 AVENUE SUITE H MIAMI, FL 33155		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 rechartering) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U000000344275 04/29/05-80129-025 70.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS SHEEHAN, TIM 4345 SW 72 AVENUE, SUITE H MIAMI, FL 33155	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT PERLMAN, STUART D 4345 SW 72 AVENUE, SUITE H MIAMI, FL 33155		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		4/27/05 (305) 667-4500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	