


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


Apr 29
Sec

DOCUMENT # N04000000132
 1. Entity Name
 MIAMI-DADE QUALITY HOMES, INC.



Principal Place of Business Mailing Address
 4345 SW 72 AVENUE 4345 SW 72 AVENUE
 SUITE H SUITE H
 MIAMI, FL 33155 MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE



01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 30-0252732 Not Applicable

5. Certificate of Status Desired \$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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rechartering)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000344275
 04/29/05-80129-025 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS SHEEHAN, TIM 4345 SW 72 AVENUE, SUITE H MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT PERLMAN, STUART D 4345 SW 72 AVENUE, SUITE H MIAMI, FL 33155
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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: [Signature] 4/27/05 (305) 667-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #