

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000588

FILED
Apr 21, 2006
Secretary of State

Entity Name: QUAIL ROOST WAREHOUSE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

12450 NW SOUTH RIVER DRIVE
MIAMI, FL 33178

New Principal Place of Business:

10440 SW 184 TERRACE
MIAMI, FL 33157

Current Mailing Address:

P.O. BOX 561001
MIAMI, FL 33256

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COLE, KIMBERLY
10440 S.W. 184 TERRACE
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: COLE, KIMBERLY
Address: 12450 NW SOUTH RIVER DRIVE
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: DAVIS, HARRY
Address: 12450 NW SOUTH RIVER DRIVE
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: ESPINOZA, ANDRES
Address: 12450 NW SOUTH RIVER DRIVE
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: COLE, KIMBERLY
Address: 10440 S.W. 184 TERRACE
City-St-Zip: MIAMI, FL 33157

Title: D (X) Change () Addition
Name: DAVIS, HARRY
Address: 10440 S.W. 184 TERRACE
City-St-Zip: MIAMI, FL 33157

Title: D (X) Change () Addition
Name: ESPINOZA, ANDRES
Address: 10450 S.W. 184 TERRACE
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY COLE

PST

04/21/2006

Electronic Signature of Signing Officer or Director

Date