

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 11, 2009  
Secretary of State**

DOCUMENT# N05000000588

Entity Name: QUAIL ROOST WAREHOUSE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

10440 SW 184 TERRACE  
MIAMI, FL 33157

**New Principal Place of Business:**

**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:                      10440 S.W. 184 TERRACE  
City-St-Zip:                      MIAMI, FL 33157

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

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

Title:                      D                      ( ) Delete  
Name:                      DECKER, RICK  
Address:                      10456 SW 184TH TERR.  
City-St-Zip:                      MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

03/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date