

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35634

**FILED**  
**Aug 09, 2004**  
**Secretary of State**

**Entity Name:** Q. R. CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

18543 S.W. 104 AVENUE  
MIAMI, FL 33157 US

**New Principal Place of Business:**

**Current Mailing Address:**

18543 S.W. 104 AVENUE  
MIAMI, FL 33157 US

**New Mailing Address:**

**FEI Number:** 65-0176597      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DE LEO, RICARDO  
18543 S.W. 104 AVENUE  
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: D            ( ) Delete  
Name: DE LEO, SANTE  
Address: 18543 S.W. 104 AVENUE  
City-St-Zip: MIAMI, FL 33157 US

Title: D            ( ) Delete  
Name: DE LEO, RICARDO  
Address: 18543 S.W. 104 AVENUE  
City-St-Zip: MIAMI, FL 33157 US

Title: D            ( ) Delete  
Name: DE LEO, ROBERTO  
Address: 18543 S.W. 104 AVENUE  
City-St-Zip: MIAMI, FL 33157 US

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICARDO DE LEO

D

08/09/2004

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

\_\_\_\_\_  
Date