


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90091 025 ****61.25

DOCUMENT # N35634

1. Entity Name
Q. R. CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
18543 S.W. 104 AVENUE
MIAMI, FL 33157 US

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



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03022005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0176597

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DE LEO, RICARDO
18543 S.W. 104 AVENUE
MIAMI, FL 33157

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 reinstating)

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

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	DE LEO, SANTE	18543 S.W. 104 AVENUE	MIAMI, FL 33157	<input checked="" type="checkbox"/>
D	DE LEO, RICARDO	18543 S.W. 104 AVENUE	MIAMI, FL 33157	<input checked="" type="checkbox"/>
D	DE LEO, ROBERTO	18543 S.W. 104 AVENUE	MIAMI, FL 33157	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	ALAM STARK	18557 S.W. 104TH AVE.	MIAMI, FL 33157	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	HOMSON CHIN	10397 S.W. 186TH STREET	MIAMI, FL 33157	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	ALGIS W. MATOS	18567 S.W. 104 AVENUE	MIAMI, FL 33157	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **2/15/05 305 4314544**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #