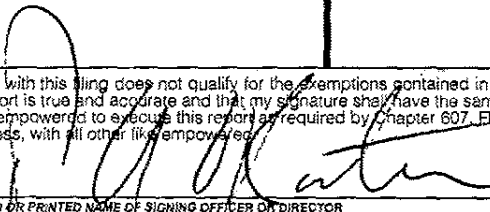


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # P03000031869		
1. Entity Name QUANTUM ON THE BAY CONDOMINIUM, INC.		
Principal Place of Business 1200 BRICKELL AVENUE #1840 MIAMI, FL 33131	Mailing Address 1200 BRICKELL AVENUE #1840 MIAMI, FL 33131	
DO NOT WRITE IN THIS SPACE		
		01262007 No Chg-P CR2E034 (11/05)
		4. FEI Number 83-0392559
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
MARTIN, PEDRO A ESQ. C/O GREENBERG TRAUIG, P.A. 1221 BRICKELL AVENUE MIAMI, FL 33131		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000669087 03/27/07 06057 011-150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MARTIN, PEDRO 1200 BRICKELL AVENUE, #1840 MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:  3-15-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		