2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000012245

QUICUTI, ROCIO

MIAMI, FL 33143

6504 SW 61 TERR

Name: Address:

City-St-Zip:

Entity Name: QUICUTI AT COUNTRY WALK, INC.

FILED Jul 31, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6504 SW 61 TERR 2889 SW 69 COURT MIAMI, FL 33143 MIAMI, FL 33155 **Current Mailing Address: New Mailing Address:** 2889 SW 69 COURT 6504 SW 61 TERR MIAMI, FL 33143 MIAMI, FL 33155 FEI Number: 59-3796389 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: QUICUTI, CARIDAD 6504 SW 61 TERR MIAMI, FL 33143 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition QUICUTI, CARIDAD Name: Name: 6504 SW 61 TERR Address: Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: Title: Title: () Delete () Change () Addition QUICUTI, HERIBERTO JR Name: Name: 6504 SW 61 TERR Address: Address: MIAMI, FL 33143 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition QUICUTI, DAVID Name: Name: 6504 SW 61 TERR Address: Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: Title: () Delete Title: () Change () Addition

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CARIDAD QUICUTI P 07/31/2006