


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000012245 1. Entity Name QUICUTI AT COUNTRY WALK, INC.	
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Principal Place of Business 2889 SW 69 COURT MIAMI, FL 33155	Mailing Address 2889 SW 69 COURT MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE

01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3796389	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 QUICUTI, CARIDAD 6504 SW 61 TERR MIAMI, FL 33143

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P QUICUTI, CARIDAD 6504 SW 61 TERR MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V QUICUTI, HERIBERTO JR 6504 SW 61 TERR MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T QUICUTI, DAVID 6504 SW 61 TERR MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S QUICUTI, ROCIO 6504 SW 61 TERR MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/10/07-80019-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *David Quicuti* 1/3/07 305-669-5529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #