

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000044888

Entity Name: QUAIL HEIGHTS PLAZA, INC.

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

1575 SAN IGNACIO STE. 400  
CORAL GABLES, FL 33146

## **New Principal Place of Business:**

1575 SAN IGNACIO AVENUE, STE. 400  
CORAL GABLES, FL 33146

## **Current Mailing Address:**

1575 SAN IGNACIO STE. 400  
CORAL GABLES, FL 33146

## **New Mailing Address:**

1575 SAN IGNACIO AVENUE, STE. 400  
CORAL GABLES, FL 33146

FEI Number: 65-0500089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHEPPARD, RALPH  
1575 SAN IGNACIO STE. 400  
CORAL GABLES, FL 33146 US

## **Name and Address of New Registered Agent:**

SHEPPARD, RALPH  
1575 SAN IGNACIO AVENUE, STE. 400  
CORAL GABLES, FL 33146 US

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

03/09/2011

Date

## **OFFICERS AND DIRECTORS:**

Title: D  
Name: SHEPPARD, RALPH  
Address: 1575 SAN IGNACIO AVENUE, STE. 400  
City-St-Zip: CORAL GABLES, FL 33146

I hereby 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 all other like empowered.

SIGNATURE: RALPH SHEPPARD

D

03/09/2011

Electronic Signature of Signing Officer or Director

Date