


FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90098 050 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 719928					
1. Entity Name PLAZA DEL PRADO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 18071 BISCAYNE BOULEVARD N MIAMI BEACH FLA, 33160		Mailing Address 18071 BISCAYNE BLD AVENTURA, FL 33160 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1349416	
				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				7. Name and Address of New Registered Agent	
HYMAN, MICHAEL L 150 W FLAGLER ST 27TH FLOOR MIAMI, FL 33130				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANDLER, ALVIN		NAME		
STREET ADDRESS	18041 BISCAYNE BLVD # 1005		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33160		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARIE CHERMIE, ANN		NAME	Ann Marie Cheramie	
STREET ADDRESS	18081 BISCAYNE BLVD #405		STREET ADDRESS	18081 Biscayne Blvd. #405	
CITY-ST-ZIP	AVENTURA, FL 33160		CITY-ST-ZIP	Aventura, Fla. 33160	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, SAM		NAME	Sam Brown	
STREET ADDRESS	18081 BISCAYNE BLVD #804		STREET ADDRESS	18081 Biscayne Blvd. #804	
CITY-ST-ZIP	AVENTURA, FL 33160		CITY-ST-ZIP	Aventura, Fla. 33160	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOBIN, REUBIN		NAME		
STREET ADDRESS	18031 BISCAYNE BLVD #1102		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33160		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLLANDER, HARRY		NAME	Harry Hollander	
STREET ADDRESS	48061 BISCAYNE BLVD #304		STREET ADDRESS	18061 Biscayne Blvd. #304	
CITY-ST-ZIP	AVENTURA, FL 33160		CITY-ST-ZIP	Aventura, Fla.	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: <i>Sam Brown</i>		SAM BROWN		5/3/06 305-931-5643	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SECY		Date Daytime Phone #	