

Division of Corporations

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N11204

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : FLORIDAS PROPERTY MANAGEMENT GROUP
Account Number : 120060000164
Phone : (305) 821-1794
Fax Number : (305) 821-1567

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 JUN 12 PM 2:26

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REGISTERED AGENT CHANGE

RESIDENCIAL EL PRADO CONDOMINIUM ASSOCIATION, INC.

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Florida Dept of State



June 12, 2008

FLORIDA DEPARTMENT OF STATE

Division of Corporations

RESIDENCIAL EL PRADO CONDOMINIUM ASSOCIATION, INC.

P.O. BOX 160718

HIALEAH, FL 33016US

SUBJECT: RESIDENCIAL EL PRADO CONDOMINIUM ASSOCIATION, INC.

REF: N11204

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H08000150019
Letter Number: 108A00036081

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TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

080001500193

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RECIDENCIAL EL PRADO CONDOMINIUM ASSOCIATION, INC.
(Name of Corporation)

DOCUMENT NUMBER: N11204

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SILVIA HERNANDEZ

(Name of Contact Person)

FLORIDAS PROPERTY MANAGEMENT, GROUP INC.

(Firm/Company)

5979 NW 151 STREET #101

(Address)

MIAMI LAKES, FL. 33014

(City/State and Zip Code)

For further information concerning this matter, please call:

SILVIA HERNANDEZ

(Name of Contact Person)

at (305)

821-1794

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

080001500193

H 0800015000193

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RECIDENCIAL EL PRADO CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 5979 NW 151 STREET #101
MIAMI LAKES, FL. 33014
3. The mailing address (if different): PO BOX 160718 HIALEAH, FL. 33016
4. Date of incorporation/qualification: 9/20/1985 Document number: N11204

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ESINGER BROWN LEWIS FRANKEL PA

4000 HOLLYWOOD BLVD SUITE 265

SOUTH HOLLYWOOD FL 33021 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

KABA & ASSOCIATES P.A.

1840 W 49 STREET #235

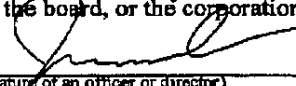
(P.O. Box NOT acceptable)

HIALEAH, FL. 33012

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

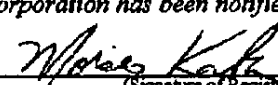
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


 (Signature of an officer or director)

JOSE G. MESA

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


 (Signature of Registered Agent)

6/11/08
 (Date)

If signing on behalf of an entity:

Moises KABA
 (Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2B045 (8/05)

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