2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N11204

Entity Name: RESIDENCIAL EL PRADO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

FLORIDA'S PROPERTY MANAGEMENT GROUP, INC
5979 NW 151 ST #101
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 160718
HIALEAH, FL 33016 US

New Mailing Address:

FEI Number: 59-2861645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KABA & ASSOCIATES P.A.
1840 W 49 ST #235
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	VILLAQUIRAN, MARITZA	
Address:	P.O. BOX 160718	
City-St-Zip:	MIAMI, FL 33016	
Title:	TD	( ) Delete
Name:	MESA, JOSE G	
Address:	P.O. BOX 160718	
City-St-Zip:	MIAMI, FL 33016	
Title:	VS	( ) Delete
Name:	VALDEZ, MIGUEL	
Address:	P.O. BOX 160718	
City-St-Zip:	MIAMI, FL 33016	
Title:	D	( ) Delete
Name:	IZQUIERDO, JOSE J	
Address:	P.O. BOX 160718	
City-St-Zip:	MIAMI, FL 33016	
Title:	D	( ) Delete
Name:	URQUIAGA, ALBERTO	
Address:	P.O. BOX 160718	
City-St-Zip:	MIAMI, FL 33016	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARITZA VILLAQUIRAN P 04/22/2009

Electronic Signature of Signing Officer or Director — Date