


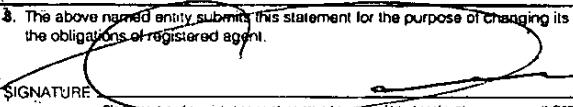
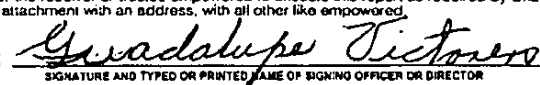
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/15/2006-90004-027-\$61.25-\$61.25

FILED

06 SEP 18 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32839			
1. Entity Name EL PRADO XI CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2500 NW 9TH AVE 200 MIAMI, FL 33172 US		Mailing Address 2500 NW 9TH AVE 200 MIAMI, FL 33172 US	
2. Principal Place of Business 2200 NW 102 Ave Suite, Apt., etc. No. 5 City & State Doral, FL Zip 33172		3. Mailing Address 2200 NW 102 Ave. Suite, Apt., etc. No. 5 City & State Doral, FL Zip 33172	
Country USA		Country USA	
6. Name and Address of Current Registered Agent SPM GROUP INC 2500 NW 97TH AVE 200 MIAMI, FL 33172		7. Name and Address of New Registered Agent 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  Signature, typed or printed name of registered agent and title if applicable		DATE 9/12/06 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 6, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD VICTORERO, GUADALUPE 7702 W. 29 WAY 101 HIALEAH, FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARCANO, MARITZA 785 W 29 WAY 102 HIALEAH, FL 33018 <input type="checkbox"/> Delete 7785 W. 29 way #102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORALES, SERGIO 7670 W 29TH WAY #102 HIALEAH, FL 33018 <input type="checkbox"/> Delete FOR SALE OUT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Zoraida I. Correa 7705 W. 29 way apt #102 Doral FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 9-10-2006 Daytime Phone #	



07112006 Chg-NP CR2E037 (4/06)

4. FEI Number 65-0156466 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FL Zip Code

786-419-1048

gc9/20