

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90415 031 ****61.25

DOCUMENT # N32839

1. Entity Name

EL PARADO XI CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2200 NW 102 AVENUE NO. 5 DORAL FL 33172 US	Mailing Address 2200 NW 102 AVENUE NO. 5 DORAL FL 33172 US
--	--



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number 65-0156466	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
--------------	--------------	-----------------------------	--

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
-----	---------	-----	---------	--

6. Name and Address of Current Registered Agent

SPM GROUP INC
~~2500 NW 37TH AVE~~
200
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name: SPM GROUP, INC
Street Address (P.O. Box Number is Not Acceptable):
2200 NW 102 Ave. No. 5
City: Doral FL Zip Code: 33172

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] DATE: 3-5-07

Signature, typed or printed name of registered agent and state home address. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		
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	TD MARCANO, MARITZA 7785 W 29 WAY, # 102 HIALEAH FL 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	SD MOBALES SERGIO HIALEAH FL 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D CORREA, ZORAIDA L 7705 W 29 WAY, APT # 102 HIALEAH FL 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 Section 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: [Signature] DATE: March 2, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR