

**2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Jan 08, 2009  
Secretary of State**

DOCUMENT# N32839

Entity Name: EL PRADO XI CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2200 NW 102 AVENUE  
NO. 5  
DORAL, FL 33172 US

**New Principal Place of Business:**

**Current Mailing Address:**

2200 NW 102 AVENUE  
NO. 5  
DORAL, FL 33172 US

**New Mailing Address:**

FEI Number: 65-0156466      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SPM GROUP INC  
2200 NE 102 AVE NO. 5  
DORAL, FL 33172 US

**Name and Address of New Registered Agent:**

CARLOS ARTEAGA  
2200 NE 102 AVE NO. 5  
DORAL, FL 33172 US

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: CARLOS ARTEAGA

01/08/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: VICTORERO, GUADALUPE  
Address: 7702 W. 29 WAY 101  
City-St-Zip: HIALEAH, FL 33018

Title: TD ( ) Delete  
Name: MARCANO, MARITZA  
Address: 7785 W 29 WAY, # 102  
City-St-Zip: HIALEAH, FL 33018

Title: SD ( ) Delete  
Name: MORALES, SERGIO  
Address: 7670 W 29TH WAY #102  
City-St-Zip: HIALEAH, FL 33018

Title: D ( ) Delete  
Name: CORREA, ZORAIDA L  
Address: 7705 W 29 WAY, APT # 102  
City-St-Zip: HIALEAH, FL 33018

**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:

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: CARLOS ARTEAGA

CAM

01/08/2009

Electronic Signature of Signing Officer or Director

Date