2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 08:00 AN Secretary of State

ANNUAL	. KEPOK I	
DOCUMENT # L01749 1. Entity Name DEL PRADO REALTY, INC.		
Principal Place of Business 11890 SW 8TH ST #502 MIAMI, FL 33184 US	Mailing Address 11890 SW 8 ST #502 MIAMI, FL 33184 US	
The state of the s		

MIAMI, FL 3	33184 US MIAMI, FL 33184 US										IL BIBU SIEN BIBU BIBU		
eger eet			A Barrer						04222008	No Chg-F		2E034 (11/05)	
DO NOT WRITE IN THIS SPACE						\CE		4. FEI Numbe 65-017			Арр	lied For Applicable	
										of Status Desir	ed 🗌	\$8.75 Additi Fee Required	onal
	6. N	ame an	d Address of Curre	nt Regis	tered Agen	t		(*** jr)*	7. 1. 1. 1.	्रंभ ५		•	
CANTENS 4533 N.W. MIAMI, FL	. 94 PL	ACE	0						,	NOT THIS S			
the obligat			ubmits this statemen ed agent.	t for the p	urpose of c	hanging its regis	tered office or re	egistere	ed agent, or bo	In, in the State of	of Florida. I	am familiar with, a	nd accept
SIGNATURE.	Signature,	typed or p	nnted name of registered ag	jent and title i	f applicable.	(NOTE: Regis	lered Agent signature i	required v	when reinstating)		DA	TE	
After Ma	E NOV	V!!! FI 2008 F	EE IS \$150.00 ee will be \$55		Trust	ion Campaign Fi Fund Contributio		\$5.0 Adde	00 May Be d to Fees				
10.	Р		OFFICERS AI	AD DIREC	TORS			7:11				•	
TITLE Name	1	ENS. I	BERNARDO				1000		74	ill deligno	ากกก927	205 ·	
STREET ADDRESS	1	,	4 PLACE				1 - 1 - 1	,		95/20/	408-800	99-014 15).00
CITY-ST-ZIP	MIAM	I, FL 3	3178								1.76	÷ .	
TITLE	S				-		1 m 1 m	1000	## 17. J.	ide Silve			
NAME	CANTENS, TERESITA								• .				
STREET ADDRESS CITY-ST-ZIP	1	S.W. 5 I, FL 3							÷.		•	· 	
	IVITALIVI	1, ГЕ с	13 143				 · · · ·			* * * * * * * * * * * * * * * * * * * *	1	•	
TITLE NAME												•.	
STREET ADDRESS							·		. DO	NOT	MIDI	rc.	
CITY-ST-ZIP			•11					· ;	יטט	NOT	AALZI	IE,	
TITLE									''IN'	THIS S	SPAC	F	
NAME STREET ADDRESS							1 1 1					_	
CITY-ST-ZIP							" ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			·			.]
TITLE								a B					
NAME							413 1 1 2		eragi koj			,	
STREET ADDRESS CITY-ST-ZIP								i.			***		,
TITLE	 						-						,
NAME			•			.15.		ing f	الله ولي راه (۱۰ ميري سنار الله الله يسال		•	, , , ,	
STREET ADDRESS								dia na				1,	•
CITY-ST-ZIP								,	i tana katang katang ka		• ຸ .		i

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 607. 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 AND TYPED OR PRINTED NAME DE JIGNING OFFICER OR DISECTOR

4/22/08

3052219780

Daytime Prione #