

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # M36137

1. Entity Name
DEL PRADO APARTMENTS, INC.



Principal Place of Business
**2325 NORTH MERIDIAN AVENUE
MIAMI BEACH, FL 33140**

Mailing Address
**2325 NORTH MERIDIAN AVENUE
MIAMI BEACH, FL 33140**



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2710837	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BELLA, STUPP
2325 N. MERIDIAN AVENUE
MIAMI BEACH, FL 33140**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UN00000818103
02/15/08-80030-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STUPP, BELLA
STREET ADDRESS	2325 N. MERIDIAN AVE.
CITY-ST-ZIP	MIAMI BCH., FL

TITLE	S
NAME	STUPP, JACK
STREET ADDRESS	2161 MERIDIAN AVE.
CITY-ST-ZIP	MIAMI BEACH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 OF SIGNING OFFICER OR DIRECTOR

1-26-08
Date

3055326087
Daytime Phone #