

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90351 013 ****61.95

DOCUMENT # N11204

1. Entity Name
**RESIDENCIAL EL PRADO CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**7750 W. 26 STREET, SUITE 4
HIALEAH, FL 33016**

Mailing Address
**PO BOX 160718
HIALEAH, FL 33016 US**

50040788



02032005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2861645

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FLORIDAS PROPERTY MANAGEMENT GROUP CORP
7750 W. 26 STREET, SUITE 4
HIALEAH, FL 33016**

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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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CEBALLOS, MARCOS
7750 W. 26 STREET, SUITE 4
HIALEAH, FL 33016**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
IMBERT, FRANCISCO
7750 W. 26 STREET, SUITE 4
HIALEAH, FL 33016**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COLLADO, NURIS
7750 W. 26 STREET, SUITE 4
HIALEAH, FL 33016**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
TELLEZ, MARIO
7750 W. 26 STREET, SUITE 4
HIALEAH, FL 33016**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PEREZ, WALDO
7750 W. 26 STREET, SUITE 4
HIALEAH, FL 33016**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

**Please
Sign Here**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Francisco Imbert *04/13/05*