

FILED
Apr 27, 2006 8:00 am
Secretary of State

40062200

04122006 Chq-NP CR2E037 (11/05)

4. FEI Number 59-2861645	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DOCUMENT # N11204				04-27-2006 90168 034 ****61.25	
1. Entity Name RESIDENCIAL EL PRADO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7750W.26STREET,SUITE4 HIALEAH,FL33016		Mailing Address POBOX160718 HIALEAH,FL3301&JS			
2. Principal Place of Business 13200 SW 128 St.		3. Mailing Address 13200 SW 128 St			
Suite, Apt. #, etc. SUITE B2		Suite, Apt. #, etc. SUITE B2		04122006 Chg-NP CR2E037 (11/05)	
City & State Miami FL		City & State Miami FL		4. FEI Number 59-2861645	
Zip 33186		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		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			7. Name and Address of New Registered Agent Name Jaime Rivero Street Address (P.O. Box Number is Not Acceptable) 13200 SW 128 St SUITE B2 City Miami FL Zip Code 33186		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CEBALLOS, MARCOS 7750 W. 26 STREET, SUITE 4 HIALEAH, FL 33016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD IMBERT, FRANCISCO 7750 W. 26 STREET, SUITE 4 HIALEAH, FL 33016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLADO, NURIS 7750 W. 26 STREET, SUITE 4 HIALEAH, FL 33016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TELLEZ, MARIO 7750 W. 26 STREET, SUITE 4 HIALEAH, FL 33016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, WALDO 7750 W. 26 STREET, SUITE 4 HIALEAH, FL 33016	<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"/> 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 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 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:  4/24/06 (305) 232-1579					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					