

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 29, 2009**  
**Secretary of State**

DOCUMENT# N11204

**Entity Name:** RESIDENCIAL EL PRADO CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**FLORIDA'S PROPERTY MANAGEMENT GROUP, INC  
5979 NW 151 ST #101  
MIAMI LAKES, FL 33014**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 160718  
HIALEAH, FL 33016 US**New Mailing Address:****FEI Number:** 59-2861645**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**KABA & ASSOCIATES P.A.  
1840 W 49 ST #235  
HIALEAH, FL 33012 US**Name and Address of New Registered Agent:**KABA & ASSOCIATES P.A.  
1840 W 49 ST #100  
HIALEAH, FL 33012 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: \_\_\_\_\_

08/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: VILLAQUIRAN, MARITZA  
Address: P.O. BOX 160718  
City-St-Zip: MIAMI, FL 33016

Title: TD ( ) Delete  
Name: MESA, JOSE G  
Address: P.O. BOX 160718  
City-St-Zip: MIAMI, FL 33016

Title: VS ( ) Delete  
Name: VALDEZ, MIGUEL  
Address: P.O. BOX 160718  
City-St-Zip: MIAMI, FL 33016

Title: D ( ) Delete  
Name: IZQUIERDO, JOSE J  
Address: P.O. BOX 160718  
City-St-Zip: MIAMI, FL 33016

Title: D ( ) Delete  
Name: URQUIAGA, ALBERTO  
Address: P.O. BOX 160718  
City-St-Zip: MIAMI, FL 33016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: IZQUIERDO, JOSE J  
Address: P.O. BOX 160718  
City-St-Zip: MIAMI, FL 33016

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VS (X) Change ( ) Addition  
Name: VILLAQUIRAN, MARITZA  
Address: P.O. BOX 160718  
City-St-Zip: MIAMI, FL 33016

Title: D (X) Change ( ) Addition  
Name: RAVENTOS, JAIME  
Address: P.O. BOX 160718  
City-St-Zip: MIAMI, FL 33016

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: JOSE J IZQUIERDO

PD

08/29/2009

Electronic Signature of Signing Officer or Director

Date