


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 02, 2006 8:00 am**  
**Secretary of State**

06-02-2006 90002 020 \*\*\*\*61.25

<b>DOCUMENT # N38099</b>	
1. Entity Name	
EL PRADO XII CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
900 W 49TH ST 220 HIALEAH FL 33012 US	900 W 49TH ST 220 HIALEAH FL 33012 US

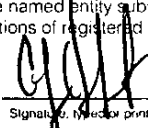
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number <b>65-0242279</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
DELATORRE, CLEMENTE J 900 W 49 ST STE 200 HIALEAH FL 33012		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

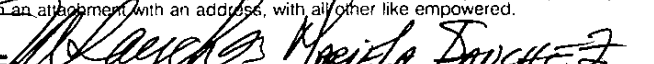
SIGNATURE  DATE \_\_\_\_\_

Signature of, or for, printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AIUSECH, MERCEDES	NAME	
STREET ADDRESS	900 W 49TH ST	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, MARIELA	NAME	
STREET ADDRESS	900 W 49TH ST	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEREDIA, BERTHA	NAME	
STREET ADDRESS	900 W 49TH ST	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 in an attachment with an address, with all other like empowered.

SIGNATURE  5-24-06 (305) 824-7668