2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# N38099

Entity Name: EL PRADO XII CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

900 W 49TH ST
220
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

900 W 49TH ST
220
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: 65-0242279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELATORRE, CLEMENTE J
900 W 49 ST STE 200
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: AIUSECH, MERCEDES
Address: 900 W 49TH ST
City-St-Zip: HIALEAH, FL 33012

Title: TD ( ) Delete
Name: SANCHEZ, MARIELA
Address: 900 W 49TH ST
City-St-Zip: HIALEAH, FL 33012

Title: DS ( ) Delete
Name: HEREDIA, BERTHA
Address: 900 W 49TH ST
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CHOZA, ANA M
Address: 900 W 49TH ST STE 220
City-St-Zip: HIALEAH, FL 33012

Title: TD (X) Change ( ) Addition
Name: BERGUES, ISOLDA
Address: 900 W 49TH ST STE 220
City-St-Zip: HIALEAH, FL 33012

Title: SD (X) Change ( ) Addition
Name: HIDALGO, SAMUEL E
Address: 900 W 49TH ST STE 220
City-St-Zip: HIALEAH, FL 33012

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: ANA M. CHOZA PD 02/12/2009

Electronic Signature of Signing Officer or Director Date