


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State

07-05-2007 90061 032 ****61.25

DOCUMENT # N93000004015	
1. Entity Name EL PRADO XIV CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 7001 SW 87 ST MIAMI, FL 33173 US	Mailing Address 7001 SW 87 ST STE 220 MIAMI, FL 33173 US
---	--

2. Principal Place of Business - No P.O. Box # 18590 NW 67 Ave Suite, Apt. #, etc. 200 B City & State MIAMI, FL Zip 33015 Country USA	3. Mailing Address 18590 NW 67 Ave Suite, Apt. #, etc. 200 B City & State MIAMI, FL Zip 33015 Country USA
--	--

40122969



06182007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0480965	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROTUNDO, EDUARDO 7001 SW 87 ST MIAMI, FL 33173	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 18590 NW 67 Ave. #200 B City MIAMI FL Zip Code 33015
--	---

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 Eduardo Rotundo / Manager DATE 6/18/07

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

Filing Fee is \$61.25 Due by September 14, 2007	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 <u>PD</u> NAME <u>MENDOZA, ZOILA</u> STREET ADDRESS <u>3375 W 76 ST STE 218</u> CITY-ST-ZIP <u>HIALEAH, FL 33018</u>	<input checked="" type="checkbox"/> Delete	TITLE <u>PD</u> NAME <u>MENDOZA, ZOILA</u> STREET ADDRESS <u>3375 W 76 ST. # 218</u> CITY-ST-ZIP <u>Hialeah, FL 33018</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u>VB</u> NAME <u>MENDOZA, ZOILA</u> STREET ADDRESS <u>3375 W 76 STREET, UNIT #218</u> CITY-ST-ZIP <u>HIALEAH, FL 33018</u>	<input checked="" type="checkbox"/> Delete	TITLE <u>VIP</u> NAME <u>POLDO, MAYRA</u> STREET ADDRESS <u>3375 W 76 ST. # 142</u> CITY-ST-ZIP <u>Hialeah, FL 33018</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u>VD</u> NAME <u>POLDO, MAYRA</u> STREET ADDRESS <u>3375 W 76 ST STE 162</u> CITY-ST-ZIP <u>HIALEAH, FL 33018</u>	<input checked="" type="checkbox"/> Delete	TITLE <u>SID</u> NAME <u>LICEA, ILEANA</u> STREET ADDRESS <u>3375 W 76 ST. # 131</u> CITY-ST-ZIP <u>Hialeah, FL 33018</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <u>SD</u> NAME <u>POLDO, MAYRA</u> STREET ADDRESS <u>3375 W 76 STREET, UNIT #142</u> CITY-ST-ZIP <u>HIALEAH, FL 33018</u>	<input checked="" type="checkbox"/> Delete	TITLE <u>D</u> NAME <u>MERIDA, JORGE</u> STREET ADDRESS <u>3375 W 76 ST. # 121</u> CITY-ST-ZIP <u>Hialeah, FL 33018</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <u>P</u> NAME <u>CASTILLO, EMMA</u> STREET ADDRESS <u>3375 W 76 STREET, UNIT #212</u> CITY-ST-ZIP <u>HIALEAH, FL 33018</u>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u>TD</u> NAME <u>ZUNIGA, SONIA</u> STREET ADDRESS <u>3375 W 76 ST STE 216</u> CITY-ST-ZIP <u>HIALEAH, FL 33018</u>	<input type="checkbox"/> Delete	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 Zoila Mendora 6-26-07 305-774-3233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #