2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N94000002832

Entity Name: EL PRADO XV CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O BONAFIDE MGMT. GROUP, INC.
3100 NW 72 AVENUE, #127
MIAMI, FL 33122 US

New Principal Place of Business:

C/O BONAFIDE MGMT. GROUP, INC.
13067 SW 133RD COURT
MIAMI, FL 33186 US

Current Mailing Address:

C/O BONAFIDE MGMT. GROUP, INC.
P.O. BOX 521458
MIAMI, FL 33152 US

New Mailing Address:

FEI Number: 65-0547111 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BONAFIDE MANAGEMENT GROUP, INC.
3100 NW 72 AVENUE
STE. 127
MIAMI, FL 33122 US

Name and Address of New Registered Agent:

BONAFIDE MANAGEMENT GROUP, INC.
13067 SW 133RD COURT
MIAMI, FL 33186 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: RICARDO RUSSI 05/01/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MANNING, LAURA E
Address: 7658 W. 34 LANE, #103
City-St-Zip: HIALEAH, FL 33018

Title: TD ( ) Delete
Name: NIEBLES, GISELLE
Address: 7924 W. 34 LANE, #101
City-St-Zip: HIALEAH, FL 33018

Title: D ( ) Delete
Name: ESPINOSA, MIGUEL
Address: 7778 W 34 LANE, #101
City-St-Zip: HIALEAH, FL 33018

Title: D (X) Delete
Name: HERRERA, ADRIANA M
Address: 7642 W 34 LANE, #201
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: RICARDO RUSSI MGR 05/01/2009
Electronic Signature of Signing Officer or Director Date