

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706869

FILED
May 23, 2004
Secretary of State**Entity Name:** MICHIGAN MANOR CONDOMINIUM INC**Current Principal Place of Business:**1590 MICHIGAN AVENUE #7
MIAMI, FL 33139 US**New Principal Place of Business:****Current Mailing Address:**1590 MICHIGAN AVENUE #7
MIAMI, FL 33139 US**New Mailing Address:**1400 LINCOLN ROAD
605
MIAMI, FL 33139 US**FEI Number:** 65-0011492**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CARDONA, FRANKLIN
1590 MICHIGAN AVE.
#5
MIAMI, FL 33139 US**Name and Address of New Registered Agent:**IVANIA, PALACIOS
9840 SW 6 STREET
MIAMI, FL 33174 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: IVANIA PALACIOS

05/23/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COLLAZOS, NEY
Address: 60 NE 99 ST
City-St-Zip: MIAMI SHORES, FL 33138

Title: TD () Delete
Name: CARDONA, FRANKLIN
Address: 1590 MICHIGAN AVE, #5
City-St-Zip: MIAMI, FL 33139

Title: SD () Delete
Name: Riestra, Georgina
Address: 1590 MICHIGAN AVE, #7
City-St-Zip: MIAMI, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOB, SPAGNOLA
Address: 1400 LINCOLN ROAD APT. 605,
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD (X) Change () Addition
Name: IVANIA, PALACIOS
Address: 9840 SW 6 STREET
City-St-Zip: MIAMI, FL 33174

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: IVANIA PALACIOS

TD

05/23/2004

Electronic Signature of Signing Officer or Director

Date