## 2008 NOT-FOR-PROFIT CORPORATION

## **FILED ANNUAL REPORT** May 01, 2008 08:00 AN Secretary of State **DOCUMENT # 706869** 1. Entity Name MICHIGAN MANOR CONDOMINIUM INC Principal Place of Business Mailing Address 1590 MICHIGAN AVENUE **420 LINCOLN ROAD** MIAMI BEACH, FL 33139 US **STE 245** MIAMI BEACH, FL 33139 CR2E037 (4/06) 04292008 No Chg-NP DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0011492 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent RENEE M SMITH ESQ PA DO NOT WRITE **420 LINCOLN ROAD STE 245** IN THIS SPACE MIAMI BEACH, FL 33139 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 Signature, typed or printed name of registered agent and little if applicable. DATE (NOTE: Registered Agent signsture required when reinstating) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 U0000093**7**937 П Trust Fund Contribution. Added to Fees Due by May 1, 2008 05/27/08-80068-022 61.25 10. OFFICERS AND DIRECTORS TITLE OD NAME SMITH, RENEE M STREET ADDRESS 420 LINCOLN RD STE 245 CITY-ST-ZIP MIAMI BEACH, FL 33139 DILE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7/P IN THIS SPACE TITLE NAME STREET ADDRESS City-ST-ZiP TITLE

12. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this reped 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 employment to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if ment with an address, with all other like empowered.

SIGNATUR

NAME STREET ADDRESS CITY-ST-7P TITLE NAME STREET ADDRESS

4.25.08

Daytime Phone #