


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2008 8:00 am
Secretary of State

06-05-2008 90002 023 ****61.25

DOCUMENT # 727533
 1. Entity Name
MICHELLE CONDOMINIUM, INC.



Principal Place of Business
 3582 NE 171 STREET
 N. MIAMI BEACH, FL 33160

Mailing Address
 3582 NE 171 STREET
 N. MIAMI BEACH, FL 33160

60044078



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04242008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
59-1814441

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GLAZER + ASSOCIATES
1920 EAST HALLANDALE BEACH BLVD.
8TH FLOOR
HALLANDALE, FL 33009

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Filing Fee is \$81.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MCLANEY, PHYLLIS	
STREET ADDRESS	3582 N.E. 171ST #207	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARMOUZE, ODALYS	
STREET ADDRESS	3852 NE 171 ST #204	
CITY-ST-ZIP	N. MAIMI BEACH, FL 33160	
TITLE	V	<input type="checkbox"/> Delete
NAME	GEORGE, EVELYN	
STREET ADDRESS	3582 NE 171ST #301	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160	
TITLE	T	<input type="checkbox"/> Delete
NAME	MATTHEWS, ZENA	
STREET ADDRESS	3582 NE 171ST STREET, 306	
CITY-ST-ZIP	MIAMI, FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Zena Matthews*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #