	<u>2013</u>	<b>FLORIDA</b>	PROFIT	CORPORATI	ON ANNUAL	<u>REPORT</u>
--	-------------	----------------	--------	-----------	-----------	---------------

DOCUMENT# P96000029394

Entity Name: MIRAGE M/Y MANAGEMENT CORP.

# **Current Principal Place of Business:**

7091 ORCHARD LAKE RD., SUITE 300 WEST BLOOMFIELD, MI 48322

# **Current Mailing Address:**

7091 ORCHARD LAKE RD., SUITE 300 WEST BLOOMFIELD, MI 48322

# FEI Number: 65-0661916

### Name and Address of Current Registered Agent:

INCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470 US Certificate of Status Desired: No

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:

	Electronic Signature of Registered Agent	Date					
Officer/Director Detail :							
Title	Ρ	Title	S				
Name	HUBNER, WILLIAM F	Name	BARTH, GLENN A				
Address	7091 ORCHARD LAKE ROAD, SUITE 300	Address	7091 ORCHARD LAKE ROAD, SUITE 300				
City-State-Zip:	WEST BLOOMFIELD MI 48322	City-State-Zip:	WEST BLOOMFIELD MI 48322				

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GLENN A. BARTH

SECRETARY

#### 04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Apr 30, 2013 Secretary of State CC0162990290