

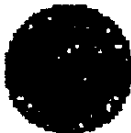
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90043 046 ****70.00

DOCUMENT # 719308

1. Entity Name
MICHIGAN TOWERS CONDOMINIUM, INC.



Principal Place of Business
716 MICHIGAN AVE
MIAMI BEACH, FL 33139

Mailing Address
716 MICHIGAN AVE
APT. 204
MIAMI BEACH, FL 33139



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

3. Mailing Address
716 MICHIGAN AVE
 Suite, Apt. #, etc.
APT # 505
 City & State
M. BEACH, FLORIDA
 Zip
33139 Country
U.S.A

07042007 Chg-NP CR2E037 (12/08)

4. FEI Number
59-1554536 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ARENCEBIA, LAZARO MR.
716 MICHIGAN AVE.
APT 404
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent
 Name
MOISES FRASTAI
 Street Address (P.O. Box Number is Not Acceptable)
716 MICHIGAN AVE.
APT. 505
 City
M/BEACH, FL Zip Code
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 *Moises Frastai* (**MOISES FRASTAI, TREASURER**) 07/06/07
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAZARO, ARENCIBIA 716 MICHIGAN AVE APT #404 MIAMI BCH, FL 33139	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT MENDEZ, DAISY 716 S MICHIGAN AVE APT 204 MIAMI, FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GUTIERREZ, MANOLO 716 MICHIGAN, AVE #303 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ESTRUMSA, JENNIFER 716 MICHIGAN AVE #504 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEBERT, MICHAEL MR 716 MICHIGAN AVE 401 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MOISES FRASTAI 716 MICHIGAN AVE APT #505 MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Moises Frastai* (**MOISES FRASTAI, TREASURER**) 07/06/07 786-683-3392
Signature and typed or printed name of signing officer or director Date Daytime Phone #