


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 737906 <small>1. Entity Name</small>					
937 MICHIGAN TOWNHOUSES, INC.					
<small>Principal Place of Business</small>		<small>Mailing Address</small>			
% RODRIGUEZ, FRANCISCO 937 MICHIGAN AVE #6 MIAMI BEACH FL 33139 US		% RODRIGUEZ, FRANCISCO 937 MICHIGAN AVE #6 MIAMI BEACH FL 33139 US			
<small>2. Principal Place of Business</small>		<small>3. Mailing Address</small>			
<small>Suite, Apt. #, etc.</small>		<small>Suite, Apt. #, etc.</small>			
<small>City & State</small>		<small>City & State</small>		<small>4. FEI Number</small> 59-1743154	
<small>Zip</small>		<small>Country</small>		<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required	
<small>6. Name and Address of Current Registered Agent</small>			<small>7. Name and Address of New Registered Agent</small>		
RODRIGUEZ, FRANCISCO 937 MICHIGAN AVE #6 MIAMI BEACH FL 33139			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<small>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</small>					
<small>SIGNATURE</small> _____ <small>(NOTE: Registered Agent signature required when certifying)</small> <small>DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		<small>9. Election Campaign Financing Trust Fund Contribution</small> <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	S CABALLERO, ISMAEL 937 MICHIGAN AVE. # 5 MIAMI BEACH FL	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	U00000438030 02/28/06-80072-003 61.25	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	VT OTERO, TERESA 937 MICHIGAN AVE. # 2 MIAMI BEACH FL	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	VD CONTRERAS, GEORGINA 937 MICHIGAN AVE. # 4 MIAMI BEACH FL	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	PD RODRIGUEZ, FRANCISCO 937 MICHIGAN AVE #6 MIAMI FL	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	VS INTRATOR, FLORA 937 MICHIGAN AVE #3 MIAMI BCH. FL	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	TD PEREZ, OSCAR 937 MICHIGAN AVE #1 MIAMI BEACH FL	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 

02/14/06