


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 08:00 AM
Secretary of State

| | | | |
|--|---------------------------------|--|---|
| DOCUMENT # 737906 1. Entity Name 937 MICHIGAN TOWNHOUSES, INC. | |  | |
| Principal Place of Business % RODRIGUEZ, FRANCISCO 937 MICHIGAN AVE #6 MIAMI BEACH FL 33139 US | | Mailing Address % RODRIGUEZ, FRANCISCO 937 MICHIGAN AVE #6 MIAMI BEACH FL 33139 US | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | | Zip | |
| Country | | Country | |
| 6. Name and Address of Current Registered Agent RODRIGUEZ, FRANCISCO 937 MICHIGAN AVE #6 MIAMI BEACH FL 33139 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| State, Apt. #, etc. | | State, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | | Zip | |
| Country | | Country | |
| 4. FEI Number 59-1743154 | | Applied For <input type="checkbox"/> | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Signature, typed or printed name of registered agent and title (Applicable) | | (NOTE: Registered Agent does not need to be a resident of Florida) | |
| DATE | | DATE | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <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 | |
| TITLE S NAME CABALLERO, ISMAEL STREET ADDRESS 937 MICHIGAN AVE. # 5 CITY- ST- ZIP MIAMI BEACH FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 100000806005 02/06/08-80024-023 61.25 |
| TITLE VT NAME OTERO, TERESA STREET ADDRESS 937 MICHIGAN AVE. # 2 CITY- ST- ZIP MIAMI BEACH FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VD NAME CONTRERAS, GEORGINA STREET ADDRESS 937 MICHIGAN AVE. # 4 CITY- ST- ZIP MIAMI BEACH FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE PD NAME RODRIGUEZ, FRANCISCO STREET ADDRESS 937 MICHIGAN AVE #6 CITY- ST- ZIP MIAMI FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VS NAME INTRATOR, FLORA STREET ADDRESS 937 MICHIGAN AVE #3 CITY- ST- ZIP MIAMI BCH. FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE TD NAME PEREZ, OSCAR STREET ADDRESS 937 MICHIGAN AVE # 1 CITY- ST- ZIP MIAMI BEACH FL | <input type="checkbox"/> Delete | 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 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: 