2004 FOR PROFIT CORPORATION ANNUAL REPORT					FILED Jul 08, 2004 8:00 am			
• • • • • • • • • • • • • • • • •				Secretary of State				
RS-MICH	IGAN PROPERTIES, INC.			9	07-08-2004	90097 030 ***15	60.00	
Principal Place 812 SECOND SAGINAW, MI	NATIONAL BANK BUILDING	Mailing Address 812 SECOND NATIONAL BANK BUILDING SAGINAW, MI 48607		TINILIT.				
9978 W. 0	lace of Business PAKLAND PARK BLVD.	3. Mailing Address 9978 W. OAKL	AND PARK BL					
Suite, Apt. City & State	1	Suite, Apt. #, etc.		07012004 0 0000 0 0 0000000000 4. FEI Number Applied For				
Zip	SE, FLORIDA Country	Zip	Country USA.	38-326	of Status Desired	\$8.75 ba	ct Applicable	
3335	6. Name and Address of Current		USA	~ ~ ~ `	Address of New F		<u></u>	
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
	r.		City				ie	
9 The above	named entity submits this statement for	the evenese of elements its		ared agent or bot	h in the Store of El			
	Signature, typed or printed name of registered egent a LE NOWIII FEE IS \$150.00 ue by September 8, 2004	und trife if applicable (NOT 9. Election Campai Trust Fund Cont	· · · ·	ed valeri reinstationg) 5.00 () 0.033.00 0000000000	In accordance v	DATE with s. 607.193(2)(b), not receive the prior	F.S., the notice.	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	IS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST SUMON, RAY 6323 NW 26 TERR BOCA RATON, FL	🗋 Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TTILE NAME Street address City-st-Zip	; ;	🗖 Delota	TITLE NAME STREET ADORESS CITY-ST-ZIP			🗋 Change	🗖 Addition	
TITLE NAME) 	Delata	TITLE NAME			Change	Addition	
TIFLE NAME Street address City-st-zøp		Delata	TITLE NAME STREET ADDRESS CITY-ST-ZIP			· 🗋 Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗖 Delata	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZP		🗋 Delata	TIFLE NAME STREET ADDRESS CITY-ST-ZIP		<u>. </u>	Change	Addition	
of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	wered to execute this report	as required by Chapter 6	Section 119.07(3)(e same legal effec 07, Florida Statute	i), Florida Statutes. t as if made under s; and that my nam	I further certify that the oath; that I am an office the appears in Block 10 c	information r or director or Block 11 if	
SIGNAT		RAY SUM	N DIRECTOR	6-3	10-04 Date	954-578-5, Desume Phone #	216	

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