

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000001949 1. Entity Name 600 MICHIGAN CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 600 MICHIGAN AVENUE MIAMI BEACH, FL 33139	Mailing Address 318 78TH STREET NORTH BERGEN, NJ 07047
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04292006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1088714	☐ Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARTINEZ, DORA 600 MICHIGAN AVENUE MIAMI BEACH, FL 33139
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

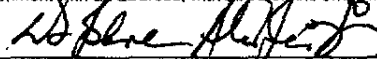
Filing Fee is \$61.25
Due by May 1, 2006

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 ALESPEITI, DAPHNE 600 MICHIGAN AVENUE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALESPEITI, GABRIEL 600 MICHIGAN AVENUE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTINEZ, DORA 600 MICHIGAN AVENUE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NUVIOLA, MIRTA 600 MICHIGAN AVENUE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVD LONDON, OTILIA 600 MICHIGAN AVENUE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000561906 05/19/06-80030-022 61.25 DO NOT WRITE IN THIS SPACE

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:  **April-26-2006**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #