


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000001949

1. Entity Name
600 MICHIGAN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 600 MICHIGAN AVENUE MIAMI BEACH, FL 33139	Mailing Address 318 78TH STREET NORTH BERGEN, NJ 07047
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DO NOT WRITE IN THIS SPACE



03182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1088714	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

000000677150
 03/30/07-80093-005 61.25

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	

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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: Gabriel E. Alespeiti **GABRIEL ALESPEITI** 3/18/07 201-790-2672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #