


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90036 044 ****61.25

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7900 NW 155th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 205	
City & State		City & State Miami Lakes, FL	
Zip	Country	Zip	Country
33016	US	33016	US
4. FEI Number 65-1088714		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARTINEZ, DORA 600 MICHIGAN AVENUE MIAMI BEACH, FL 33139		Name Gabriel Alespeiti Street Address (P.O. Box Number is Not Acceptable) 1007 6th Street Apt # 5 City Miami Beach FL Zip Code 33139	
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 <u>Gabriel E. Alespeiti</u>		Gabriel Alespeiti Treasurer/Secretary/Director 2/14/08	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ALESPEITI, DAPHNE 600 MICHIGAN AVENUE MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/AT/D ALESPEITI, DAPHNE 600 MICHIGAN AVENUE MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALESPEITI, GABRIEL 600 MICHIGAN AVENUE MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S/D ALESPEITI, GABRIEL 1007 6TH STREET APT# 5 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTINEZ, DORA 600 MICHIGAN AVENUE MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, DORA 600 MICHIGAN AVENUE MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NUVIOLA, MIRTA 600 MICHIGAN AVENUE MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AS/D DANIEL TIVET 600 MICHIGAN AVENUE MIAMI BEACH, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVD LONDON, OTILIA 600 MICHIGAN AVENUE MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: <u>Gabriel E. Alespeiti</u>		Gabriel Alespeiti 2/14/08 954-894-8000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	