


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06000012276**

1. Entity Name  
**MICHELLE VILLAGE CONDOMINIUM 1 ASSOCIATION, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>8672 SW 40TH ST<br/>         STE 203<br/>         MIAMI, FL 33155</b> | Mailing Address<br><b>8672 SW 40TH ST<br/>         STE 203<br/>         MIAMI, FL 33155</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04012008 No Chg-NP CR2E037 (4/06)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br><b>20-5984698</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

6. Name and Address of Current Registered Agent

**SOLOMON & FURSHMAN, LLP  
 1666 KENNEDY CAUSEWAY  
 STE 302  
 NORTH BAY VILLAGE, FL 33141**

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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 \_\_\_\_\_  
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.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>RODRIGUEZ, GUSTAVO J<br>8672 SW 40TH ST - STE 203<br>MIAMI, FL 33155 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>LOPEZ, FRANK<br>8672 SW 40TH ST - STE 203<br>MIAMI, FL 33155        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>RODRIGUEZ, JULIE<br>8672 SW 40TH ST - STE 203<br>MIAMI, FL 33155    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

U00000930645  
 05/21/08-80117-015 61.25

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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:** Julie Rodriguez **Julie Rodriguez** 4/22/08 305-229-8722  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #