

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013154

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: 610-612 MICHIGAN AVENUE, INC.

## Current Principal Place of Business:

610-612 MICHIGAN AVENUE  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

## Current Mailing Address:

2830 EAGLE LANE  
WEST PALM BEACH, FL 3340972 09

## New Mailing Address:

P.O. BOX 402507  
MIAMI BEACH, FL 33140

FEI Number: 37-1564501

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANTANA, IDALMIS SECR.T.  
2830 EAGLE LANE  
WEST PALM BEACH, FL 33409 US

## Name and Address of New Registered Agent:

BARCLAY'S COMPLETE PROPERTY MANAGEMENT  
555 NE 15TH STREET  
SUITE 200  
MIAMI, FL 33132 US

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.

SIGNATURE: RAY HICKS

04/23/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PADILLA, ALEXANDRA F  
Address: 610 MICHIGAN AVENUE, APARTMENT NO. 3  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: SANTANA, IDALMIS M  
Address: 610 MICHIGAN AVENUE, APARTMENT NO. 1  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: HULSE, LISA  
Address: 2830 EAGLE LANE  
City-St-Zip: WEST PALM BEACH, FL 33409

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FALCHETTI, ALEXANDRA  
Address: P.O. BOX 402507  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP (X) Change ( ) Addition  
Name: HULSE, LISA  
Address: P.O. BOX 402507  
City-St-Zip: MIAMI BEACH, FL 33140

Title: S/T (X) Change ( ) Addition  
Name: SANTANA, IDALMIS  
Address: P.O. BOX 402507  
City-St-Zip: MIAMI, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXANDRA FALCHETTI

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date