

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002868

FILED
Mar 31, 2008
Secretary of State

Entity Name: PLAZA ST. MICHEL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5510 CASTLE GATE AVE
DAVIE, FL 33331

New Principal Place of Business:

Current Mailing Address:

5510 CASTLE GATE AVE
DAVIE, FL 33331

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUACES, ANGELA ESQ
80 SW 8TH STREET SUITE 2100
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RODRIGUEZ, GEORGINA
Address: 5510 CASTLE GATE AVE
City-St-Zip: DAVIE, FL 33331

Title: D () Delete
Name: RODRIGUEZ, MIGUEL
Address: 5510 CASTLE GATE AVE
City-St-Zip: DAVIE, FL 33331

Title: D () Delete
Name: NAVARRO, RENE
Address: 5510 CASTLE GATE AVE
City-St-Zip: DAVIE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GEORGINA RODRIGUEZ

DIR

03/31/2008

Electronic Signature of Signing Officer or Director

Date