


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

**FILED**  
**Mar 05, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N27469</b> 1. Entity Name MICHIGAN PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1925 EAST MICHIGAN STREET, STE. 201 ORLANDO, FL 32806 US	Mailing Address 1925 EAST MICHIGAN STREET, STE. 201 ORLANDO, FL 32806 US
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02022008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0113789	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**

ALONSO, RICARDO  
 1925 EAST MICHIGAN STREET  
 ORLANDO, FL 32806

**DO NOT WRITE IN THIS SPACE**

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, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RIVERON, MARIO 240 ROLLINGWOOD TRAIL ALTAMONTE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ALONSO, RICARDO 1925 EAST MICHIGAN STREET ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALONSO, MARINGELES 1152 CHARMING ST MAITLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERON, HELIODORA 240 ROLLINGWOOD TRAIL ALTAMONTE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000848479  
 03/20/08-80019-003 61.25

**DO NOT WRITE IN THIS SPACE**

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:** *[Signature]* **2-6-08** **4078960324**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #