


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000005655

1. Entity Name
PRINCE MICHAEL CONDOMINIUM ADMINISTRATION, CORP.



Principal Place of Business
**2618 COLLINS AVENUE
 MIAMI BEACH, FL 33140**

Mailing Address
**PO BOX 402336
 MIAMI BEACH, FL 33140**

DO NOT WRITE IN THIS SPACE



04302007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0949071

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BENNETT, JOAN
 763 41ST STREET
 SUITE C
 MIAMI BEACH, FL 33140**

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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: *Joan Bennett* DATE: 4/20/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

U00000756225
 05/23/07-80022-016 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SANCHEZ, JOHN G 3621 NW 16 ST MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D TARAMONA, LUIS 3621 NW 16 STREET MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D TORRES, RONALD 7600 COLLINS AVENUE #409 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *John Sanchez* DATE: 4/30/07 DAYTIME PHONE: 305.532.7878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR