

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000098688	
1. Entity Name MICHIGAN REAL ESTATE HOLDINGS, INC.	



Principal Place of Business 848 BRICKELL KEY DRIVE APT. 1201 MIAMI, FL 33131	Mailing Address 9350 SOUTH DIXIE HWY SUITE 1500 MIAMI, FL 33156
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FILED
07 MAY 18 AM 10:44

STATE
MIAMI, FLORIDA



03132007 No Chg-P CR2E034 (11/05)

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4. FEI Number 03-0421842	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 SEGERDO, FRANK J ESQ 9350 SOUTH DIXIE HWY SUITE 1500 MIAMI, FL 33156
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**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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARBONE, SEBASTIANO 848 BRICKELL KEY DRIVE, APT 1201 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE CARBONE, MARIA S 848 BRICKELL KEY DRIVE, APT 1201 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Handwritten signature and date: 5/25</i>
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 607, 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: Carbone Sebastiano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____