2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000029076

City-St-Zip:

PEMBROKE PINES, FL 33028 US

Entity Name: MI EXCLUSIVE PROPERTIES, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1911 NW 150 AVENUE				90 SW 3 STREET		
103 PEMBROKE PINES, FL 33028				2302 MIAMI, FL 33131		
Current M	lailing Address	:	New Maili	New Mailing Address:		
1911 NW 150 AVENUE				90 SW 3 STREET		
103 PEMBROKE PINES, FL 33028				2302 MIAMI, FL 33131		
FEI Number: 84-1619760 FEI Number Applied For () FEI N			FEI Number Not Appl	mber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
MONTES, JOSE R 1911 NW 150 AVENUE 103 PEMBROKE PINES, FL 33028 US			2567 JARE	MONTES, JOSE R 2567 JARDIN WAY WESTON, FL 33327 US		
	named entity su e of Florida.	bmits this statement for the pu	ırpose of changing i	ts registered o	ffice or registered agent, or both,	
SIGNATU	RE:			04/28/2009		
	Electronic	Signature of Registered Ager	nt		Date	
Election Car	mpaign Financing 1	rust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D () D MONTES, JOSE F 1911 NW 150 AV PEMBROKE PINE	R ≣#103	Title: Name: Address: City-St-Zip:	D (X) MONTES, JOSE 2567 JARDIN V WESTON, FL 3	VAY	
Title: Name: Address: City-St-Zip:	D () D GIUNTA, RAFAEL 1911 NW 150 AVI PEMBROKE PINE	LE ENUE SUITE 103	Title: Name: Address: City-St-Zip:	D (X) SOLANO, CATA 2567 JARDIN V WESTON, FL 3	VAY	
Title: Name: Address: City-St-Zip:	D () D SOLANO, CATALI 1911 NW 150 AVI PEMBROKE PINE	NA ENUE SUITE 103	Title: Name: Address: City-St-Zip:	D (X) MONTES, SERG 90 S W 3 STRI MIAMI, FL 331	EET	
Title: Name:	D (X) D SARVA, STEFANO 1911 NW 150 AV		Title: Name:	()	Change () Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JOSE R. MONTES D 04/28/2009