2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P38015

1. Entity Name

MICHAEL APARTMENTS, INC.

50010709

Principal Place of Business	Mailing Address
14155 W. DIXIE HWY MIAMI, FL 33265-2652	PO BOX 652652 MIAMI, FL 33265-2652

03202006   Chg-P   CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number **98-0049236** Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, ENRIQUE
145 S.W. 124 AVENUE
MIAMI, FL 33184

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City ___ FL ___ Zip Code

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 _Enrique Perez_

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	SANTUCCI, FLAVIO		NAME			
STREET ADDRESS	14155 W. DIXIE HWY		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 332652652		CITY-ST-ZIP			
TITLE	PSD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	ROSCIOLI, ANNA		NAME			
STREET ADDRESS	14155 W. DIXIE HWY		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 332652652		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	NOUEL, FRANCOIS A		NAME			
STREET ADDRESS	14155 W. DIXIE HWY		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 332652652		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _Enrique Perez_   4/07/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #