

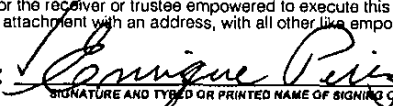


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P38015 1. Entity Name MICHAEL APARTMENTS, INC.			
Principal Place of Business 14155 W. DIXIE HWY MIAMI, FL 33265-2652		Mailing Address PO BOX 652652 MIAMI, FL 33265-2652	
DO NOT WRITE IN THIS SPACE			
		05142007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 98-0049236 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 PEREZ, ENRIQUE 145 S.W. 124 AVENUE MIAMI, FL 33184		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		U000000756128 05/23/07-80016-025 150.00 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANTUCCI, FLAVIO 14155 W. DIXIE HWY MIAMI, FL 332652652		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ROSCIOLI, ANNA 14155 W. DIXIE HWY MIAMI, FL 332652652		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOUEL, FRANCOIS A 14155 W. DIXIE HWY MIAMI, FL 332652652		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5-14-07 3055533265 <small>Date Daytime Phone #</small>	