


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P38015</b> 1. Entity Name <b>MICHAEL APARTMENTS, INC.</b>	
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Principal Place of Business <b>14155 W. DIXIE HWY MIAMI, FL 33265-2652</b>	Mailing Address <b>PO BOX 652652 MIAMI, FL 33265-2652</b>
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**DO NOT WRITE IN THIS SPACE**

<b>6. Name and Address of Current Registered Agent</b>  <b>PEREZ, ENRIQUE 145 S.W. 124 AVENUE MIAMI, FL 33184</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature typed or printed name of registered agent and title if applicable

DATE **07/15/08-80006-011 158.75**

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SANTUCCI, FLAVIO 14155 W. DIXIE HWY MIAMI, FL 332652652</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD ROSCIOLI, ANNA 14155 W. DIXIE HWY MIAMI, FL 332652652</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NOUEL, FRANCOIS A 14155 W. DIXIE HWY MIAMI, FL 332652652</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 **7-11-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Jul 15, 2008 08:00 AM**  
**Secretary of State**



07112008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>98-0049236</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	