

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000011701

Entity Name: MICHANE INC.

**Current Principal Place of Business:**

161 SPRINGDALE CIRCLE APT 16 A  
PALM SPRINGS, FL 33461

**Current Mailing Address:**

161 SPRINGDALE CIRCLE APT 16 A  
PALM SPRINGS, FL 33461 US

FEI Number: 45-4581227

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

CHARLES, ROCHENY SR  
1432 W BROOME ST  
LANTANA, FL 33462 US

*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.*

SIGNATURE: ROCHENY CHARLES

05/01/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CHARLES, ROCHENY SR  
Address        1432 W. BROOME ST  
City-State-Zip: LANTANA FL 33461

Title            CFO  
Name            MICHEL, GARY SR  
Address        6335 PINESTAD DRIVE  
                  915  
City-State-Zip: LAKE WORTH FL 33463

Title            TREASURER  
Name            PIERRE LOUIS, ANDERSON SR  
Address        3060 CONGRESS PARK DRIVE APT  
                  627  
City-State-Zip: LAKE WORTH FL 33461

Title            VP  
Name            ESTELAN, WYSNICK SR  
Address        2300 83TH AVENUE SUNRISE  
City-State-Zip: FORTLAUDERDALE FL 33322

Title            EXECUTIVE SECRETARY  
Name            JOSEPH, JOSUE S  
Address        201 NW 32 COURT APT 204  
City-State-Zip: POMPANO BEACH FL 33064

Title            ASST. TREASURER  
Name            EXCELLENT, LUNA  
Address        6489 REDWOOD OAKS  
City-State-Zip: ORLANDO FL 32818

Title            CORRESPONDING SECRETARY  
Name            JN PIERRE, JEAN HERON  
Address        161 SPRINGDALE CIRCLE  
City-State-Zip: PALM SPRINGS FL 33461

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: ANDERSON PIERRE LOUIS

TREASURER

05/01/2018

Electronic Signature of Signing Officer/Director Detail

Date