

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000011701

**Entity Name:** MICHANE INC.

**Current Principal Place of Business:**

1432 W BROOME  
LANTANA, FL 33462

**Current Mailing Address:**

1432 W BROOME  
LANTANA, FL 33462 US

**FEI Number:** 45-4581227

**Certificate of Status Desired:** Yes

**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

05/01/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MICHEL, GARY SR  
Address        5954 ITHACA CIR W  
City-State-Zip: LAKE WORTH FL 33463

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

Title            SECRETARY  
Name            DATILUS PIERRE LOUIS, MARIE  
                         GERDA  
Address        5333 BLUEBERRY HILL AVE  
City-State-Zip: LAKE WORTH FL 33463

Title            ASST. SECRETARY  
Name            ROBERT, MARIE CHRISTINE  
Address        5064 LANTANA ROAD  
                         APT 6211  
City-State-Zip: LAKE WORTH FL 33463

Title            TREASURER  
Name            MONARD, CARINE  
Address        5816 SOUTH RUE RD  
City-State-Zip: WEST PALM BEACH FL 33416

Title            ASST. TREASURER  
Name            EUSTACHE, ROBERDE  
Address        1611 SCHLEY STREET  
                         APT. 2  
City-State-Zip: HILLSIDE NJ 37205

Title            DIRECTOR  
Name            ELAN LOUIS, MARIE MAUDE  
Address        2265 HIGHLAND DR  
City-State-Zip: LAKELAND FL 33811

*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:** GARY MICHEL

PRESIDENT

05/01/2023

Electronic Signature of Signing Officer/Director Detail

Date