2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P03000062326 04-26-2004 90455 030 ***158.75 1. Entity Name LOFT DOWNTOWN INC. Mailing Address Principal Place of Business 701 BRICKELL AVENUE #1480 701 BRICKELL AVENUE #1480 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address 141 NE 3rd AVENUE 319 *14) 시즌* AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc 04062004 CR2E034 (10/03) 1100 ===1100 City & State City & State 4. FEI Number Applied For MIAMI 6-2393914 MIAM Not Applicable Country \$8:75 Additional 33132 <u>ن</u>-ري 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIEGO IUAN TRUJILLO, JUAN JOSE Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE #1480 MIAMI, FL 33131 3rd AVENUE SUITE 1100 City Mizari 8. The above named entity submits this statement for the purpose of changing its registered office or registered entity submits this statement for the purpose of changing its registered office or registered entity submits this statement for the purpose of changing its registered office or registered entity submits this statement for the purpose of changing its registered office or registered entity submits this statement for the purpose of changing its registered office or registered entity submits this statement for the purpose of changing its registered office or registered entity submits this statement for the purpose of changing its registered office or registered entity submits this statement for the purpose of changing its registered office or registered entity is a submit of the state of the s the obligations of registered agent JUAN N SIGNATURE Signati (NOTE: Registered Agent sign 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITI F PD Delete TITLE Change Change ☐ Addition CALLE, JENARO CALLE, JENARO 141 NE 310 AVENUE NAME NAME STREET ADDRESS CALLE 13 #65A 72 BOGOTA STREET ADDRESS SUITE 1100 CITY-ST-7iP COLOMBIA, CITY-ST-ZIP MiAMi #L 33132 SD/TREASURER TITLE C Delete . Change Addition CALLE, ROSA ELENA NAME NAME ROSA HELENA **CALLE 13 #65A 72 BOGOTA** STREET ADDRESS STREET ADDRESS 141 NE 314 AVENUE SUITE 1100 CITY-ST-ZIP COLOMBIA, CITY-ST-ZIP MI ANÍ #L 33132 TITLE ☐ Delete V D Change **X** Addition CALLE, ANA M. NAME NAME STREET ADDRESS SUITE 1100 ILI ME 314 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33132 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change 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 filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 of the corporation or the rece changed, or on an attachmer 305.372.0075 SIGNATURE: 例と4句の

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