


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000125677</b> 1. Entity Name <b>DOWNTOWN CORP.</b>	
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Principal Place of Business <b>540 BRICKELL KEY DRIVE SUITE 709 MIAMI, FL 33131 US</b>	Mailing Address <b>540 BRICKELL KEY DRIVE SUITE 709 MIAMI, FL 33131 US</b>
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01222006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>13-4228064</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CHAPA, OSCAR  
540 BRICKELL KEY DRIVE  
SUITE 709  
MIAMI, FL 33131**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P GARCIA, OSCAR 540 BRICKELL KEY DRIVE, SUITE 709 MIAMI, FL 33131</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T MELERO, IGNACIO 540 BRICKELL KEY DRIVE, SUITE 709 MIAMI, FL 33131</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S CHAPA, OSCAR 540 BRICKELL KEY DRIVE, SUITE 709 MIAMI, FL 33131</b>
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02/03/06-80036-025 150.00

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/23/06 3054006789**  
Date Daytime Phone #