

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000125677

Entity Name: DOWNTOWN CORP.

FILED  
Apr 11, 2008  
Secretary of State

## Current Principal Place of Business:

540 BRICKELL KEY DRIVE  
SUITE 709  
MIAMI, FL 33131 US

## New Principal Place of Business:

## New Mailing Address:

540 BRICKELL KEY DRIVE  
SUITE 1109  
MIAMI, FL 33131 US

## Current Mailing Address:

540 BRICKELL KEY DRIVE  
SUITE 709  
MIAMI, FL 33131 US

FEI Number: 13-4228064

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARCIA, OSCAR  
540 BRICKELL KEY DRIVE  
SUITE 709  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

GARCIA, OSCAR  
540 BRICKELL KEY DRIVE  
SUITE 1109  
MIAMI, FL 33131 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: OSCAR GARCIA

04/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P,S ( ) Delete  
Name: GARCIA, OSCAR  
Address: 540 BRICKELL KEY DRIVE, SUITE 709  
City-St-Zip: MIAMI, FL 33131 US

Title: T ( ) Delete  
Name: MELERO, IGNACIO  
Address: 540 BRICKELL KEY DRIVE, SUITE 709  
City-St-Zip: MIAMI, FL 33131 US

Title: T ( ) Delete  
Name: CHAPA, OSCAR  
Address: 540 BRICKELL KEY DRIVE, SUITE 709  
City-St-Zip: MIAMI, FL 33131 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S (X) Change ( ) Addition  
Name: GARCIA, OSCAR  
Address: 540 BRICKELL KEY DRIVE, SUITE 1109  
City-St-Zip: MIAMI, FL 33131 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR GARCIA

PS

04/11/2008

Electronic Signature of Signing Officer or Director

Date