2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000175

City-St-Zip:

MIAMI, FL 33131 US

Entity Name: THE SHILL OF DOM/NITOM/NI INC

FILED Jan 04, 2008 Secretary of State

Entity Name: THE SHOL OF DOWNTOWN, INC.						
Current P	rincipal Place	e of Business:	New Princ	New Principal Place of Business:		
48 EAST F SUITE 363 MIAMI, FL		EET				
Current M	ailing Addre	ss:	New Maili	New Mailing Address:		
48 EAST F SUITE 363 MIAMI, FL		EET				
FEI Number:	20-2253547	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
LIPSKAR, CHAIM 48 EAST FLAGLER STREET, SUITE 363 MIAMI, FL 33131 US			48 EAST F	CHAIM, LIPSKAR Z 48 EAST FLAGLER STREET, SUITE 363 MIAMI, FL 33131 US		
	named entity e of Florida.	submits this statement for the p	ourpose of changing it	s registere	ed office or registered agent, or both,	
SIGNATUR	RE: CHAIM L	IPSKAR			01/04/2008	
	Electro	nic Signature of Registered Ag	ent		Date	
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	LIPSKAR, CHA	LER STREET, SUITE 363	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (LIPSKAR, SHO 9540 COLLINS SURFSIDE, FL	AVENUE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	LIPSKAR, NEC	. KEY DR #210	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (SPEYER, TER 9540 COLLINS SURFSIDE, FL	AVENUE	Title: Name: Address: City-St-Zip:	D SAKA, JOS 200 SOUTH MIAMI, FL	HBISCAYNE BLVD. 6TH FLOOR	
Title: Name: Address:	SAKA, JOSEPI	.) Delete H L SCAYNE BLVD. 6TH FLOOR	Title: Name: Address:		() Change () Addition	

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

City-St-Zip:

SIGNATURE: CHAIM LIPSKAR D 01/04/2008