

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000085058**

1. Entity Name  
DOWNTOWN BICYCLE, INC.



Principal Place of Business  
400 NORTH FEDERAL HIGHWAY  
FT. LAUDERDALE, FL 33301

Mailing Address  
713 EAST BROWARD BLVD.  
FT. LAUDERDALE, FL 33301



04162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1036014	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

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

GENOVESE, GARY S ESQ.  
633 SOUTH FEDERAL HWY.  
FT. LAUDERDALE, FL 33301

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

000000157659  
05/06/04-80036-009 158.75

**10. OFFICERS AND DIRECTORS**

TITLE PDTS  
NAME APONTE, MARIO  
STREET ADDRESS 713 EAST BROWARD BLVD.  
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE V  
NAME APONTE, LUIS  
STREET ADDRESS 713 EAST BROWARD BLVD.  
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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

4/16/04

954-761-9920  
Daytime Phone #