2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPURI					FILED			
DOCUMENT # P01000019320					07 MAY 2			
1. Entity Name. DOWNRITE HOLDINGS, INC.					07 MAY -3 AM 9: 31			
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Disabat Olas ABata		***************************************			i All	Allassi E. Moi	ATE DID #	
Principal Place of Business Mailing Address 14241 SW 143 COURT 14241 SW 143 COURT				ļ		~iii c Qi	чид	
MIAMI, FL 33186		MIAMI, FL 33186						
			-	i iraidan Ai	166 (BA 100 100 11	IN COLOR II DIO 1816 A REGI DEI	AL II IZ D	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.				_			,	
Suite, Apr. W. Bio.		Golia, P.S. V. Gio.		04262007	Chg-P	CR2E034 (12/08)		
City & State		City & State		4. FEI Numb 65-115			plied For t Applicable	
Zip Country		Zip Country			5 Certificate of Status Desired \$8.75 Additional			
6 Name	and Address of Curren	Paristand Ament	<u> </u>			Fee Require	<u>d</u>	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
LOBUE, SAMUEL			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
14241 SW 143 COU MIAMI, FL 33186	GUEST AGG	Super Address (F. C. Dat Humber is not Acceptable)						
•			City			FL Zip Cod		
 The above named entities obligations of register. 		for the purpose of changing its	s registered office or re	gistered agent, or bo	oth, in the State of F	lorida. I am familiar with,	and accept	
SIGNATURE			•	•		,	ŀ	
Significate, type	d or printed name of registered age	nt and tipe if applicable. (NO	TE: Registered Agent signsture	required when reinstating)		OATE		
CH E MAMAN	FFF 10 6450 AA	9. Election Campa	aign Financing	\$5.00 May Be				
	l FEE IS \$150.00)7 Fee will be \$550	أستنست السناسي		Added to Fees				
10.	OFFICERS AN	DORECTORS	11.		CHANGES TO OF	FICERS AND DIRECTOR	RS IN 11	
mue PST	******	☐ Oelete		03TD		Change	Addition	
NAME LOBUE, SAMUEL STREET ADDRESS 14241 SW 143 COURT			'NAME STREET ADDRESS	or.	40010 /24/0701	313100	4 531.25	
I .	L 33186		CITY-ST-ZIP		/24/U/==U1	UU3UU3	331.23	
IIILE		☐ Defate	·11TLE	SA. V. P. D.	4 .	☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	Joseph Lol	IVE			
CIFY-SY-ZIF			CITY-ST-ZP.	-	1			
IITLE		☐ Delete	TIME	VP OPERATION	10 / D	☐ Change	Addition	
NAME STREET ADDRESS			NAME . STREET ADORESS	Georgeann	LoBue		* *	
CITY-ST-ZIP	Mali	ч	CITY-ST-ZIP	2-2-3-4	V0 540	•	٠.	
TITLE	(11)	Oelsts	TITLE			☐ Change	Addition	
NAME Street Address	Ψ		NAME STREET ADDRESS					
CITY-ST-ZIP	.1		CITY-ST-ZIP	•				
INLÉ		☐ Delets	πιε			☐ Change	Addition	
NAME CONSET LODGESCO			NAME CONST ADDRESS					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS		•	NAME STREET ADDRESS	•				
CITY-ST-ZIP			CITY-ST-ZIP		•			
12. I hereby certify that	the information supplied	with this filling does not quality	for the exemptions co	ontained in Chapter	19, Florida Statute	s. I further certify that the	Information	
of the corporation of changed, or on an	port or supplementar/epo or the regaliver of trustee so attachment with a verifice	with this filling does not quality of is true and accurate and the appowered to execute this rep as, with all other like empower	at my signature shall ha ort as required by Chaj ed.	ive ine same legal di pter 607, Florida Stat	utes; and that my h	er cam, mar i am an offic àrme appears in Block 10	or Block 11 if	
	11.					Mane)	4 .	
SIGNATURE:	MIGNATURE AND TYPED	OR FRINTED NAME OF SIGNING OFFIC	ER OR DIRECTOR	V 4-	26-07 Deta	Dayima Phone	7-2390	
1						,		