


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000125677 1. Entity Name DOWNTOWN CORP.	
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FILED

05 NOV 10 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 540 BRICKELL KEY DRIVE SUITE 709 MIAMI, FL 33131 US	Mailing Address 540 BRICKELL KEY DRIVE SUITE 709 MIAMI, FL 33131 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 13-4228064	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHAPA, OSCAR 540 BRICKELL KEY DRIVE SUITE 709 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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:  **OSCAR S. GARCIA, PRESIDENT** DATE: **12/04/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE	P <input type="checkbox"/> Delete GARCIA, OSCAR	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, OSCAR	NAME	
STREET ADDRESS	540 BRICKELL KEY DRIVE, SUITE 709	STREET ADDRESS	
CITY-STATE-ZIP	MIAMI, FL 33131	CITY-STATE-ZIP	
TITLE	T <input type="checkbox"/> Delete MELERO, IGNACIO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELERO, IGNACIO	NAME	
STREET ADDRESS	540 BRICKELL KEY DRIVE, SUITE 709	STREET ADDRESS	
CITY-STATE-ZIP	MIAMI, FL 33131	CITY-STATE-ZIP	
TITLE	S <input type="checkbox"/> Delete CHAPA, OSCAR	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPA, OSCAR	NAME	
STREET ADDRESS	540 BRICKELL KEY DRIVE, SUITE 709	STREET ADDRESS	
CITY-STATE-ZIP	MIAMI, FL 33131	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

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:  DATE: **11-6-05** Officer's Name # **305-88-4580**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

