


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000125677
 1. Entity Name
 DOWNTOWN CORP.



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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01222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4228064	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHAPA, OSCAR
 540 BRICKELL KEY DRIVE
 SUITE 709
 MIAMI, FL 33131

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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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GARCIA, OSCAR 540 BRICKELL KEY DRIVE, SUITE 709 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MELERO, IGNACIO 540 BRICKELL KEY DRIVE, SUITE 709 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CHAPA, OSCAR 540 BRICKELL KEY DRIVE, SUITE 709 MIAMI, FL 33131
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 02/03/06-80036-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 01/23/06 3054006789
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #