

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90026 006 ***158.75

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1. Entity Name
LOFT DOWNTOWN INC.



Principal Place of Business
**141 NE 3RD AVE., #1100
MIAMI, FL 33132**

Mailing Address
**141 NE 3RD AVE., #1100
MIAMI, FL 33132**

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2393914	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

**DIEGO CALLE, JUAN
141 NE 3RD AVE., #1100
MIAMI, FL 33132**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CALLE, JENARO
STREET ADDRESS	141 NE 3RD AVE., #1100
CITY-ST-ZIP	MIAMI, FL 33132

TITLE	SDT
NAME	CALLE, ROSA ELENA
STREET ADDRESS	141 NE 3RD AVE., #1100
CITY-ST-ZIP	MIAMI, FL 33132

TITLE	VD
NAME	CALLE, ANA M
STREET ADDRESS	141 NE 3RD AVE., #1100
CITY-ST-ZIP	MIAMI, FL 33132

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

Date: Mar 28/05 Daytime Phone # _____