2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

NTED NAME OF

NING OFFICER OR DIRECTO

Secretary of State DOCUMENT # P04000141447 01-20-2005 90023 030 ***150.00 MIDTOWN ESTATES, INC. Mailing Address Principal Place of Business 40003421 601 BRICKELL KEY DR SUITE 201 601 BRICKELL KEY DR SUITE 201 MIAMI, FL 33131 MIAMI, FL 33131 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable 20-1757594 \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GUTIERREZ, RENALDY J Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DR SUITE 201 MIAMI, FL 33131 City Zip Code 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE TITLE ☐ Delete LOPEZ, PEDRO R NAME NAME 601 BRICKELL KEY DR SUITE 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition DE LOPEZ, REBECA O NAME NAME 601 BRICKELL KEY DR SUITE 201 STREET ADDRESS STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete GUTIERREZ, RENALDY J NAME NAME STREET ADDRESS 601 BRICKELL KEY DR SUITE 201 STREET ADDRESS CITY-ST-7IP MIAMI, FL 33131 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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 of supplemental report is true and accurate arth 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.

FILED Jan 20, 2005 8:00 am