

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 20, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT# P93000060263

1. Entity Name  
DOWNTOWN MANAGEMENT CORPORATION



Principal Place of Business  
2701 LEJUNE ROAD  
410  
CORAL GABLES, FL 33134 US

Mailing Address  
2701 LEJUNE ROAD  
410  
CORAL GABLES, FL 33134 US



03122003 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0442802

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CHRISTINA, DEOLIVEIRA  
2701 LEJUNE ROAD 345  
SUITE 350  
CORAL GABLES, FL 33134

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000161107  
05/20/04-80005-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MESA, RAUDEL  
STREET ADDRESS 2701 LEJUNE ROAD  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE STD  
NAME MESA, RENALDO  
STREET ADDRESS 2701 LEJUNE ROAD  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 19.07(3)(f), 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

Daytime Phone #

5-16-04 305 608395