
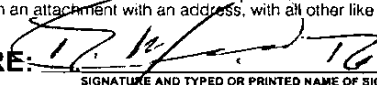


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90292 026 \*\*\*150.00

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	
2. Principal Place of Business 804 DOUGLAS ROAD		3. Mailing Address 804 DOUGLAS ROAD	
Suite, Apt. #, etc. 565		Suite, Apt. #, etc. 565	
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL	
Zip 33134	Country	Zip 33134	Country
6. Name and Address of Current Registered Agent CHRISTINA, DEOLIVEIRA 2701 LEJUNE ROAD 345 SUITE 350 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 804 DOUGLAS ROAD, #565 City CORAL GABLES FL Zip Code 33134	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MESA, RAUDEL 2701 LEJUNE ROAD CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MESA, RAUDEL 804 DOUGLAS ROAD, #565 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MESA, RENALDO 2701 LEJUNE ROAD CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MESA, RENALDO 804 DOUGLAS ROAD, #565 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 4/26/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

40087601



04282006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0442802 Applied For Not Applicable

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