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## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 24, 2005 08:00 AM DOCUMENT # P94000046050 **Secretary of State** 1. Entity Name FLAG DOWN CORPORATION Principal Place of Business ... Mailing Address 1500 SAN REMO AVE SUITE 176 1500 SAN REMO AVE SUITE 176 CORAL GABLES, FL 33146 \_CORAL GABLES, FL 33146 01132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0160419 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROTH, JEFFREY DO NOT WRITE 1500 SAN REMO AVE SUITE 176 CORAL GABLES, FL 33146 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, lyped or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ABAD, ALBA NAME U00000195450 01/26/05-80029-001 150.00 1500 SAN REMO AVE SUITE 176 STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE

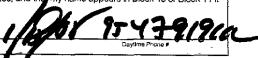
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not guy for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplement in bort is true and accurate of the corporation or the receiver if it suste, empowered to execute as eport as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 it changed, or on an attachment within a direct, with all other like or prevent.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SNATURE NOT FOR A WINTE NAME OF IGNING OFFICER OR DIRECTOR



**FILED**