

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90394 042 \*\*\*150.00

<b>DOCUMENT # P98000027578</b> 1. Entity Name <b>MUTINY UNITS, INC.</b>					
Principal Place of Business <b>1401 BRICKELL AVE STE 530 MIAMI, FL 33131</b>			Mailing Address <b>1401 BRICKELL AVE STE 530 MIAMI, FL 33131</b>		
2. Principal Place of Business <b>600 Brickell AVE.</b>		3. Mailing Address <b>600 Brickell AVE.</b>			
Suite, Apt. #, etc. <b>STE #201</b>		Suite, Apt. #, etc. <b>STE #201</b>		04212005    Chg-P    CR2E034 (10/03)	
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>		4. FEI Number <b>65-0844963</b>	
Zip <b>33131</b>		Country <b>USA.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PARAJON, LUIS 1401 BRICKELL AVE STE 530 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name <b>PARAJON Luis</b> Street Address (P.O. Box Number is Not Acceptable) <b>600 BRICKELL AVE.</b> <b>STE #201</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33131</b>	
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 <u><i>Luis Parajon</i></u> (NOTE: Registered Agent signature required when reinstating)    DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <small>Trust Fund Contribution.</small>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PARAJON, LUIS 1401 BRICKELL AVE STE 530 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PARAJON Luis 600 BRICKELL AVE STE #201 MIA FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOWNING, TERESA 1401 BRICKELL AVE STE 530 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOWNING, TERESA 600 BRICKELL AVE STE #201 MIA FL 33131	<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 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: <u><i>Luis Parajon</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date _____ Daytime Phone # _____</small>					