

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91019 009 \*\*\*150.00

**DOCUMENT # P98000027609**

1. Entity Name  
**MUTINY APARTMENTS, INC.**



Principal Place of Business  
**1401 BRICKELL AVE  
SUITE 530  
MIAMI, FL 33131 US**

Mailing Address  
**1401 BRICKELL AVE  
SUITE 530  
MIAMI, FL 33131 US**

**94081642**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01072004 Chg-P CR2E034 (10/03)

City & State  
Zip Country

4. FEI Number  
**65-0845066**

Applied For  
Not Applicable

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

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

**DOWNING, WILLIAM  
1401 BRICKELL AVE  
SUITE 530  
MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**

Name **Luis Parayon**  
Street Address (P.O. Box Number is Not Acceptable)  
**1401 Brickell Ave Suite 530**  
City **Miami** FL Zip **33131**

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 **Luis Parayon** DATE **15-4-04**  
Signature, typed 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	DOWNING, WILLIAM	
STREET ADDRESS	1401 BRICKELL AVENUE SUITE 530	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	S	<input type="checkbox"/> Delete
NAME	DOWNING, TERESA	
STREET ADDRESS	1401 BRICKELL AVE	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARAYON, LUIS	
STREET ADDRESS	1401 Brickell Ave Ste 530	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: **Luis Parayon** DATE **15-4-04** DAYTIME PHONE # **3053746055**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR