



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90229 018 \*\*\*150.00

<b>DOCUMENT # P98000027609</b> 1. Entity Name <b>MUTINY APARTMENTS, INC.</b>					
Principal Place of Business <b>1401 BRICKELL AVE SUITE 530 MIAMI, FL 33131 US</b>			Mailing Address <b>1401 BRICKELL AVE SUITE 530 MIAMI, FL 33131 US</b>		
2. Principal Place of Business <b>600 Brickell Ave</b>		3. Mailing Address <b>600 Brickell Ave</b>		  04212005    Chg-P    CR2E034 (10/03)	
Suite, Apt. #, etc. <b>STE #201</b>		Suite, Apt. #, etc. <b>STE #201</b>			
City & State <b>MIA FLA</b>		City & State <b>MIA FLA</b>			
Zip                      Country <b>33131                      USA</b>		Zip                      Country <b>33131                      USA</b>			
4. FEI Number <b>65-0845066</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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 SUITE 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>MIA</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: _____					
<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>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S DOWNING, TERESA 1401 BRICKELL AVE MIAMI, FL 33131</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S DOWNING, TERESA 600 BRICKELL AV. #201 MIA FL 33131</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD PARAJON, LUIS 1401 BRICKELL AVE, STE 530 MIAMI, FL 33131</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD PARAJON, LUIS 600 BRICKELL AV. #201 MIA FL 33131</b>	<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>	