

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # V15901 1. Entity Name GEORGETOWN DEVELOPMENT CORPORATION	
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Principal Place of Business 401 S.W. 27TH AVE. ONE UNITY SQUARE MIAMI, FL 33135 US	Mailing Address 401 S.W. 27TH AVE. ONE UNITY SQUARE MIAMI, FL 33135 US
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DO NOT WRITE IN THIS SPACE

04112008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0743238	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FMR CORP.
ONE UNITY SQUARE
401 S.W. 27TH AVE. - 2 FLOOR
MIAMI, FL 33135**

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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 _____

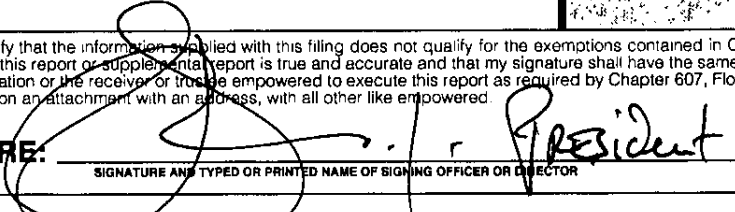
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000905317 05/02/08-80001-016 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS FORMOSO-MURIAS, HECTOR 401 S.W. 27TH AVE.-ONE UNITY SQ. MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  **President** **4/15/08** **(505) 372-0760**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #