

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91201 004 ***150.00

DOCUMENT #

1. Entity Name
INAGUA PROPERTIES, INC.

PO1000044116 ✓

B0124247

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6290 SW. 49 ST.
Suite, Apt. #, etc.

3. Mailing Address
301 SUNRISE DR 4BE
Suite, Apt. #, etc.

City & State
MIAMI, FL.

City & State
KEY BISLAYNE, FL.

4. FEI Number
05-1097918

Applied For
Not Applicable

Zip
33155 Country
USA.

Zip
33149 Country
USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

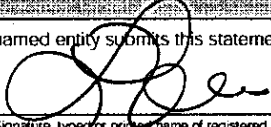
Name
LOURDES LORENZO-LUACES

Street Address (P.O. Box Number is Not Acceptable)

301 SUNRISE DR. 4BE

City
KEY BISLAYNE FL Zip
33149.

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.

SIGNATURE 

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5.30.02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1. Fee is \$150.00
After May 1. Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. PRESIDENT, VICE PRESIDENTS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LOURDES LORENZO-LUACES 301 SUNRISE DR. 4BE KEY BISLAYNE, FL. 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JAVIER CABARCAS 6290 SW. 49 ST. MIAMI, FL. 33155
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

 **LOURDES LORENZO-LUACES** **5.30.02** **305.476.9699**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #