2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2005 8:00 am Secretary of State 03-29-2005 90010 036 ***150.00

DOCUMENT # P03000151241 1. Entity Name INMOKOLMEN CORPORATION						03-29-2005	90010 0	36 ***15).00
Principal Place 11991 S.W. 9 MIAMI, FL 33	93RD TERRACE	Mailing Address 11991 S.W. 93RD TER MIAMI, FL 33186	RACE						
11991	Tace of Business SW 936D FERRACE		20 Terr	ace					
Suite, Apt.		Suite, Apt. #, etc.			03162005	Chg-P	CR2E0	34 (10/03)	
Hams		Miami FL			4. FEI Numb 88-051			1 1	plied For Applicable
33186	6 Country A	33/86	Country S	Д.	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
ge Com Samon	6. Name and Address of Current R	egistered Agent	Nai		7. Name and	Address of New F	Registered	Agent	
ABRAMSON, EDWARD J ESQ. 7270 N.W. 12TH STREET SUITE 850				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33126 (17)				,			FL	Zip Code	9
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered offi	ce or register	red agent, or bo	th, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATIONE -	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOT	E: Registered Agent	signature required	when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$ 150.00 ay 1, 2005 Fee will be \$550.0	9. Efection Campa Trust Fund Cont		\$5.	.00 May Be led to Fees				
10.	OFFICERS AND E		11.	105	ADDITIONS	/CHANGES TO OFF	ICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	SANCHEZ ACOSTA, GALO E 11991 S.W. 93RD TERRACE MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDR	ESS 1190	71 5.W	205TA BAI 90 NO TEN 50 33186	rone	☐ Change	Addition
TITLE	SD+	☑ Delete	TITLE	177	urii , r	95186		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	HENAO, JUAN P- -11991 SW 93RD TERRAGE MIAMI, FL 33186-		NAME STREET ADDA CITY-ST-ZIP						
NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDI	RESS	<u>-</u> .	350-		Change	Addition
CITY-ST-ZIP FITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDR	ESS	<u> </u>			☐ Change	Addition
TITLE NAME STREET AODRESS		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDR					☐ Change	Addition
CITY-ST-ZIP			CITY-ST-ZIP						H.18.4
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDR ØITY-ST-ZIP	1				☐ Change	Addition
12. I hereby of indicated of the corchanged,	certify that the information supplied with to on this report or supplemental report is reporation or the receiver or trusted empore, or on an attachment with an address, where the supplemental reports is the supplemental reports in the supplemental report is supplemental report in the supplemental report in the supplemental report is supplemental report in the supplemental report in the supplemental report is supplemental report in the supplemental report in the supplemental report is supplemental report in the supplemental report in the supplemental report is supplemental report in the supplemen	this fling does not quality to the and acqurate and that is reported to execute this report in all other like empowered white all other like empowered white NAME OF BUSINESS OF THE PROPERTY	nly signature si as required by	n stated in Se nall have the s Chapter 607	ection 119.07(3) same legal effec 7, Florida Statute	ct as if made under es; and that my nam	oath; that I a e appears i	tify that the in am an officer n Block 10 or	iformation or director Block 11 if