


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90248 028 ***150.00

DOCUMENT # P04000088587

1. Entity Name
INARI PROPERTIES, INC.



Principal Place of Business
**106 E. HEMINGWAY CIRCLE
 MARGATE, FL 33063**

Mailing Address
**106 E. HEMINGWAY CIRCLE
 MARGATE, FL 33063**

2. Principal Place of Business
6404 NW 20th Ct.

3. Mailing Address
6404 NW 20th Ct.

Suite, Apt. #, etc.



04112005 Chg-P CR2E034 (10/03)

City & State
MARGATE FLA

City & State
Margate FLA

Zip
33063

Country
BRWD

Zip
33063

Country
BRWD

4. FEI Number
20-1223758

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WARBINTON, JAYNE B MS.
 106 E. HEMINGWAY CIRCLE
 MARGATE, FL 33063**

7. Name and Address of New Registered Agent

Name
same

Street Address (P.O. Box Number is Not Acceptable)
6404 NW 20th Ct.

City
MARGATE FL

Zip Code
33063

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 *Jayne Warbinton* **JAYNE WARBINTON, PRES. 4-20-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reelecting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARBINTON, JAYNE B MS 106 E. HEMINGWAY CIRCLE MARGATE, FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEJAMES, ROXANNE O MS. 106 E. HEMINGWAY CIRCLE MARGATE, FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6404 NW 20th Ct. Margate, FLA 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6404 NW 20th Ct. Margate, FL 33063
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"/> Change <input type="checkbox"/> Addition
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"/> 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 lines empowered.

SIGNATURE: *Jayne Warbinton* **JAYNE WARBINTON PRES** **954-600-7994**

Signature and typed or printed name of signing officer or director

Date: **4/20/05** Daytime Phone #