
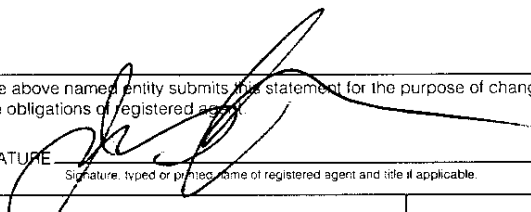
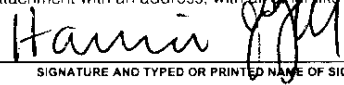


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90064 037 ***150.00

DOCUMENT # 305008 1. Entity Name INRES CORPORATION					
Principal Place of Business 235 LINCOLN ROAD 3510 CORAL WAY, SUITE 200 MIAMI BEACH, FL 33139 US			Mailing Address C/O DARPEL INVESTMENTS, INC. 3510 CORAL WAY STE. 200 MIAMI, FL 33145-3013 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 210-71 STREET 309			
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL		4. FEI Number 59-1142514	
Zip 33139	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent RESTREPO, DARIO 3510 CORAL WAY, SUITE 200 MIAMI, FL 33145			7. Name and Address of New Registered Agent Name JOEL PIOTROWSKY, ESQ. Street Address (P.O. Box Number is Not Acceptable) 317-71 ST. STREET City MIAMI BEACH FL 33141		
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  DATE 1-16-08 <small>Signature, typed or printed, name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RESTREPO, DARIO 6902 SUNRISE DRIVE CORAL GABLES, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIOTROWSKY, JOEL 317-71 STREET, SUITE 309 MIAMI BEACH, FL 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RESTREPO, PEDRO LUIS 17 BAY HEIGHTS DR. MIAMI, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DISHI, AVI 210-71 STREET, SUITE 309 MIAMI BEACH, FL 33141 <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 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 power like empowered.					
SIGNATURE: 			01/18/08 (305) 864-8885 <small>Date Daytime Phone #</small>		