## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

See Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The above name of this submits to discontinuous of Changing its registered diffice or registered agent, or both, in the State of Fictida	DOCUMENT # 305008  1. Entity Name INRES CORPORATION						01-22-2008	90064 037 ***:		
Subject   Subj	235 LINCOLN ROAD 3510 CORAL WAY, SUITE 200		C/O DARPEL INVESTMENTS, INC. 3510 CORAL WAY STE. 200			Jone .		1111/ 141/ 141/ 141/ 141/	<b>   </b>	
City & State  Ci	2. Principal P	lace of Business - No P.O. Box #								
September   Sept	Suite, Apt. #, etc.		309					CR2E034 (12/0	,	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The above named rely submits of statement for the purpose of changing its registered agent. or both, in the State of Fiorids. I am familiar with, and accept the cellifications of feps streets and superior state applicable.  8. The above named rely submits of statement for the purpose of changing its registered agent, or both, in the State of Fiorids. I am familiar with, and accept the cellifications of feps streets and superior state applicable.  8. The above named rely submits of statement for the purpose of changing its registered Agent statement and are remained.  5. If the Control of the	,		MARI BEACH, FL		-				Not Applicable	
RESTREPO, DARIO 3510 CORAL WAY, SUITE 200 MIAMI, FL 33145  Street Address (P.O. Box Number is Not Accordable)  CIVILIAN BEACH FL 25 Code 4  In an invasion of programme attraption of purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of personne attraptions operated the applicable.  POST Engreen Agent System required after residency in the State of Florida. I am lamiliar with, and accept the obligations of personne attraptions operated the applicable.  POST Engreen Agent System required after residency in the State of Florida. I am lamiliar with, and accept the obligations of personne attraptions operated the applicable.  POST Engreen Agent System required after residency in the State of Florida. I am lamiliar with, and accept the obligations of personne attraptions of personne attraptions of the applicable.  POST Engreen Agent System required after residency in the State of Florida. I am lamiliar with, and accept the obligations of personne attraptions of the Addition of the State of Florida. I am lamiliar with, and accept the obligations of personne attraptions of the State of Florida. I am lamiliar with, and accept the obligations of personne attraptions of the State of Florida. I am lamiliar with, and accept the obligations of personne attractions of the State of Florida. I am lamiliar with, and accept the obligations of personne attractions of the State of Florida agent and the	Zip		33139	Country SA				Fee Req		
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Stock Address (P.D. Box Number is Not Acceptable)  Stock Address (P.D. Box Number is Not Acceptable)  Stock Address (P.D. Box Number is Not Acceptable)  City Turk Beach FL ZigCode  City St. ZigCode  Cit	DECTOED	O DARIO		Name	FOR PROTRICOUSLY ESQ.					
8. The above named anity submits of 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 set of earliest and the applicable.  SIGNATUPE of some types or plant the or registered agent set of earliest agent and the applicable.  BELE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  After May 1, 2008 Fee will	3510 CORAL WAY, SUITE 200			Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
8. The above named finity submits of statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and title 4 applicable.    SIGNATUPE								<b>⊏</b> ∎ Zip C	Code .	
8. The above named finity submits of statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and title 4 applicable.    SIGNATUPE			78	$\frac{1}{\sqrt{2}}$	i be		<u> </u>	<u> 3141                                  </u>		
After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITTLE   PD   RESTREPO, DARIO   RESTREPO, DARIO   RESTREPO, DARIO   RESTREPO, DARIO   RESTREPO, DARIO   RESTREPO, DARIO   RESTREPO, DESCRIPTION   RESTREPO, PEDRO LUIS   STREET ADDRESS   CITY-ST-ZIP   CORAL GABLES, FL   CITY-ST-ZIP   CITY-ST-	1-16-05									
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CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	_		-			

12. I hereby certify that the information supplied with this filing does not quality 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 pure like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/08

(205)86A-8885