

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000088833	
1. Entity Name INMOBILIAREAS CORP.	

Principal Place of Business 5614 NW 112 PL MIAMI, FL 33178	Mailing Address 11206 NW 56 STREET MIAMI, FL 33178
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09022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1138565	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALERIA IZTURRIAGO, MARIA 5614 NW 112 PL MIAMI, FL 33178

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IN THIS SPACE**

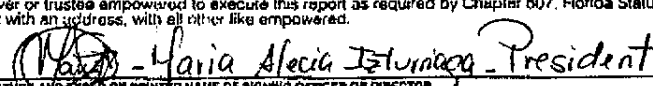
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent and title (if applicable)	(NOTE: Registered Agent signature required when terminating)	DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD IZTURRIAGA, MARIA 5614 NW 112 PL MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD MARES, MAYELA 5614 NW 112 PL MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODDAO, SERRA 5614 NW 112 PL MIAMI, FL 33178
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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 like empowered.		
SIGNATURE:  - Maria Alicia Izturriago - President	Date: 09-04-04	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		