

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90164 046 \*\*\*150.00

<b>DOCUMENT # P01000088833</b> 1. Entity Name <b>INMOBILIAREAS CORP.</b>			
Principal Place of Business <b>5614 NW 112 PL MIAMI, FL 33178</b>		Mailing Address <b>11206 NW 56 STREET MIAMI, FL 33178</b>	
2. Principal Place of Business <b>9450 NW 58 ST #107</b>		3. Mailing Address <b>9450 NW 58 ST</b>	
Suite, Apt. #, etc. <b># 107</b>		Suite, Apt. #, etc. <b># 107</b>	
City & State <b>Miami FL</b>		City & State <b>Miami</b>	
Zip <b>33178</b>		Country <b>USA</b>	
4. FEI Number <b>65-1138565</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALERIA IZTURRIAGO, MARIA 5614 NW 112 PL MIAMI, FL 33178</b>		7. Name and Address of New Registered Agent Name <b>Villasmil Domingo A</b> Street Address (P.O. Box Number is Not Acceptable) <b>9450 NW 58 ST # 107</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33178</b>	
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 <b>03-04-05.</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILLASMIL, DOMINGO A 9450 NW 58TH STREET #107 MIAMI, FL 33178	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RAMIREZ, DAIANA 9450 NW 58TH STREET #107 MIAMI, FL 33178	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<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 address, with all other like empowered.			
<b>SIGNATURE:</b>		<b>03-04-05.</b> <b>305-305-4826</b> <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			