


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90046 019 \*\*\*150.00

**DOCUMENT # P02000099250**

1. Entity Name  
**INAGUA HOLDINGS, INC.**



Principal Place of Business  
**C/O RAUL J. SALAS**  
**201 S. BISCAYNE BOULEVARD, SUITE 1500**  
**MIAMI, FL 33131**

Mailing Address  
**C/O RAUL J. SALAS**  
**201 S. BISCAYNE BOULEVARD, SUITE 1500**  
**MIAMI, FL 33131**

2. Principal Place of Business  
**620 HARBOR CIRCLE**

3. Mailing Address  
**620 HARBOR CIRCLE**


Suite, Apt. #, etc.

City & State  
**KEY BISCAYNE FL.**

City & State  
**KEY BISCAYNE, FL.**

Zip  
**33149** Country **USA**

Zip  
**33149** Country **USA**



01202004 Chg-P CR2E034 (10/03)

4. FEI Number **14-1895965** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**CARDENAL, RAMIRO**  
**620 HARBOR CIR.**  
**KEY BISCAYNE, FL 33149**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	DPTS CARDENAL, MARIA JOSEFINA 201 S. BISCAYNE BLVD., SUITE 1500 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. CARDENAL, MARIA JOSEFINA 620 HARBOR CIRCLE KEY BISCAYNE, FL. 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. TRES. CARDENAL RAMIRO 620 HARBOR CIRCLE KEY BISCAYNE, FL. 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. TRES. CARDENAL RAMIRO 620 HARBOR CIRCLE KEY BISCAYNE FL. 33149 <input type="checkbox"/> Change <input checked="" 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
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 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: Ramiro Cardenal **RAMIRO CARDENAL** APRIL 6, 2004 (305) 365 0044

DATE DAYTIME PHONE #