


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2006 8:00 am
Secretary of State

06-20-2006 90013 027 ***550.00

DOCUMENT # P02000107972		
1. Entity Name INWOOD CONSTRUCTION INC.		

Principal Place of Business 1314 E. LAS OLAS BLVD. SUITE 285 FORT LAUDERDALE, FL 33301	Mailing Address 200 S BISCAYNE BLVD STE 4100 MIAMI, FL 33131
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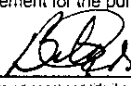
2. Principal Place of Business	3. Mailing Address 806 Douglas Rd Suite 580
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Coral Gables FL
Zip	Country 33134 US



06122006 Chg-P CR2E034 (11/05)

4. FEI Number 55-0800875		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CLARA GARBATI, MARIA 1314 E. LAS OLAS BLVD. SUITE 285 FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name: Registered Agent Corporate Services Inc Street Address (P.O. Box Number is Not Acceptable): 806 Douglas Rd Suite 580 City: Coral Gables FL Zip Code: 33134


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:  Betsy Parenti, Ass. Secretary 6/14/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAURIA, ANDRES I 1314 E. LAS OLAS BLVD., SUITE 285 FORT LAUDERDALE, FL 33301 <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	D LAURIA, ANTONIO E 1314 E. LAS OLAS BLVD., SUITE 285 FORT LAUDERDALE, FL 33301 <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	S GARBATI, MARIA OLARA 1314 E. LAS OLAS BLVD., SUITE 285 FORT LAUDERDALE, FL 33301 <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
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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 other like empowered.

SIGNATURE:  06/07/06 954 6533123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #