
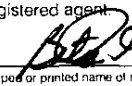
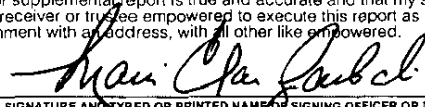


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90104 001 \*\*\*150.00

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>DOCUMENT # P02000107972</b>  |   |   |   |                       |  |
| <b>1. Entity Name</b><br>INWOOD CONSTRUCTION INC.   |   |   |   |  |  |
| <b>Principal Place of Business</b><br>1314 E. LAS OLAS BLVD.<br>SUITE 285<br>FORT LAUDERDALE, FL 33301  |   |   | <b>Mailing Address</b><br>806 DOUGLAS RD STE 580<br><del>MIAMI, FL 33134</del>  |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b><br>Same as above  |   |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |  |  |
| City & State  |   | City & State<br>Coral Gables, FL  |   | <b>4. FEI Number</b><br>55-0800875   |  |
| Zip   |   | Country   |   | Applied For<br>Not Applicable  |  |
| Zip   |   | Country   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| Zip   |   | Country   |   | 01082007 Chg-P CR2E034 (12/06)   |  |
| <b>6. Name and Address of Current Registered Agent</b>  |   |   | <b>7. Name and Address of New Registered Agent</b>  |  |  |
| REGISTERED AGENT CORPORATE SERVICES INC<br><del>SUITE 580</del><br><del>MIAMI, FL 33134</del>   |   |   | Name<br>Registered Agent Corporate Services, Inc.<br>Street Address (P.O. Box Number is Not Acceptable)<br>806 Douglas Road<br>Suite 580<br>City<br>Coral Gables FL Zip Code<br>33134 |  |  |
| <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.</b><br>SIGNATURE:  DATE: 1/10/07<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>   |   | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>Trust Fund Contribution. |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   |   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | D <input type="checkbox"/> Delete<br>LAURIA, ANDRES I<br>1314 E. LAS OLAS BLVD., SUITE 285<br>FORT LAUDERDALE, FL 33301     |   |   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | D <input type="checkbox"/> Delete<br>LAURIA, ANTONIO E<br>1314 E. LAS OLAS BLVD., SUITE 285<br>FORT LAUDERDALE, FL 33301    |   |   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | S <input type="checkbox"/> Delete<br>GARBATI, MARIA OLARA<br>1314 E. LAS OLAS BLVD., SUITE 285<br>FORT LAUDERDALE, FL 33301 |   |   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Delete   |   |   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Delete   |   |   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Delete   |   |   |  |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |   |   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |   |  |  |
| <b>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.</b> |   |   |   |  |  |
| <b>SIGNATURE:</b>    |   | Date: 4/25/07 Daytime Phone #: 954 6533123  |   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   |   |  |  |