


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90133 001 \*\*\*300.00

<b>DOCUMENT # P02000114545</b>	
1. Entity Name <b>INMARKET INC.</b>	

Principal Place of Business <b>3130 WEST 84 STREET #5 HIALEAH, FL 33018</b>	Mailing Address <b>3130 WEST 84 STREET #5 HIALEAH, FL 33018</b>
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2. Principal Place of Business <b>649 CONSERVATION DRIVE</b>	3. Mailing Address <b>Same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>WESTON, FL</b>	City & State
Zip <b>33327</b>	Country <b>Florida</b>

**66008232**



03292005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>PEREZ-MENA, DEIFINA 3130 WEST 84 ST UNIT 5 HIALEAH, FL 33018</b>		7. Name and Address of New Registered Agent Name <b>PEREZ MENA DELFINA</b> Street Address (P.O. Box Number is Not Acceptable) <b>649 CONSERVATION DRIVE</b> City <b>WESTON, FL</b> Zip Code <b>33327</b>	
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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 *Deifina Perez-Mena* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (Not for Registered Agent signature required when reinstating)

<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</b> 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	<b>P ANTONIOILI, SALANOVA 3130 WEST 84 ST UNIT 5 HIALEAH, FL 33018</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P1 ANTONIO, SALANOVA 649 CONSERVATION DRIVE WESTON, FL 33327</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V PEREZ, DELFINA 3130 WEST 84 ST UNIT 5 MIAMI, FL 33018</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>649 CONSERVATION DRIVE WESTON, FL 33327</b> <input checked="" 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
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: *Deifina Perez-Mena* Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR