

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2007 8:00 am
Secretary of State

08-03-2007 90021 028 ***150.00

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07302007 Chg-P CR2E034 (12/06)

DOCUMENT # P02000114545 1. Entity Name INMARKET INC.			
Principal Place of Business 1905 HARBOR VIE CIR WESTON, FL 33327		Mailing Address 1905 HARBOR VIE CIR WESTON, FL 33327	
2. Principal Place of Business - No P.O. Box # 1279 LEEWARD WAY Suite, Apt. #, etc.		3. Mailing Address 1279 LEEWARD WAY Suite, Apt. #, etc.	
City & State WESTON, FLORIDA Zip 33327 Country BROWARD		City & State WESTON, FLORIDA Zip 33327 Country BROWARD	
4. FEI Number 01-0750640		☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent PEREZ-MENA, DEIFINA 1905 HARBOR VIEW CIR WESTON, FL 33327	
7. Name and Address of New Registered Agent Name PEREZ-MENA, DELFINA Street Address (P.O. Box Number is Not Acceptable) 1279 LEEWARD WAY City WESTON FL 33327		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 <i>Deifina Perez-Mena</i> DELFINA PEREZ-MENA 7/30/07 Signature (typed or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature is required with filing)	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P ☐ Delete NAME SALANOVA, ANTONIO STREET ADDRESS 1905 HARBOR VIEW CIR CITY-ST-ZIP WESTON, FL 33327	TITLE P ☒ Change ☐ Addition NAME SALANOVA, ANTONIO STREET ADDRESS 1279 LEEWARD WAY CITY-ST-ZIP WESTON, FLORIDA 33327		
TITLE V ☐ Delete NAME PEREZ, DELFINA STREET ADDRESS 1905 HARBOR VIEW CIR CITY-ST-ZIP WESTON, FL 33327	TITLE V ☒ Change ☐ Addition NAME PEREZ, DELFINA STREET ADDRESS 1279 LEEWARD WAY CITY-ST-ZIP WESTON, FLORIDA 33327		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>Antonio Salanova</i> ANTONIO SALANOVA 7/30/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT			