

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90109 022 ***158.75

DOCUMENT # P03000004980					
1. Entity Name INWOOD REAL ESTATE CORP.					
Principal Place of Business 200 S BISCAYNE BLVD # 4100 MIAMI, FL 33131			Mailing Address 200 S BISCAYNE BLVD # 4100 MIAMI, FL 33131		
2. Principal Place of Business 1314 E. Las Olas Blvd Suite, Apt. #, etc. <i>Suite 285</i>			3. Mailing Address Suite, Apt. #, etc.		
City & State Ft. Lauderdale FL		City & State		4. FEI Number 27-0042586	
Zip 33301		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE INTERNATIONAL REGISTERED AGENTS 200 S BISCAYNE BLVD STE 4100 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name <i>MARIA CLARA GARBATI</i> Street Address (P.O. Box Number is Not Acceptable) 1314 E. Las Olas Blvd # 285 City <i>Ft. Lauderdale</i> FL Zip Code <i>33301</i>	
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>Maria Clara Garbat</i> <i>MARIA CLARA GARBATI</i> <i>4/28/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D LAURIA, ANDRES I 1201 S POWERLINE ROAD, PMB 325 POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAURIA ANDRES I <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1314 E. Las Olas Blvd # 285 Ft. Lauderdale FL 33301	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAURIA, ANTONIO E 1201 S POWERLINE ROAD, PMB 325 POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAURIA ANTONIO E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1314 E. Las Olas Blvd # 285 Ft. Lauderdale FL 33301	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LESSEUR, ALEXANDER GUY 1201 S POWERLINE ROAD, PMB 325 POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LESSEUR, ALEXANDER G 1901 S POWERLINE RD PMB 825 POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <i>Andres Lauria</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date <i>4/29/05</i>			Daytime Phone # <i>954-653-120</i>		

14016530



01052005 Chg-P CR2E034 (10/03)