


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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


06-20-2006 90013 032 ***550.00

DOCUMENT # P03000004980		
1. Entity Name INWOOD REAL ESTATE CORP.		

Principal Place of Business 1314 E. LAS OLAS BLVD STE 285 FORT LAUDERDALE, FL 33301	Mailing Address 200 S BISCAYNE BLVD # 4100 MIAMI, FL 33131
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 806 Douglas Road Suite 580 City & State Coral Gables FL Zip 33134	Country U.S.
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4000000000



06062006 Chg-P CR2E034 (11/05)

4. FEI Number 27-0042586	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARBATI, MARIA C 1314 E. LAS OLAS BLVD. #285 FORT LAUDERDALE, FL 33301	
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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	
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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 Betsy Parenti Betsy Parenti, Assist. 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 #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. #285 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAURIA ANTONIO E 1314 E. LAS OLAS Blvd #285 Fort Lauderdale FL 33301 <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	P CARMAN C LAURIA 1314 E. LAS OLAS Blvd #285 Fort Lauderdale FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GARBATI MARIA C 1314 E. LAS OLAS Blvd #285 Fort. Lauderdale FL 33301 <input type="checkbox"/> Change <input checked="" 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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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: [Signature] 06/07/06 954 6533123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #