
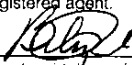
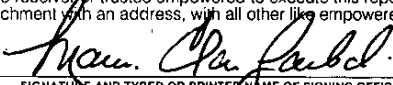


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-09-2007 90104 002 \*\*\*150.00

<b>DOCUMENT # P03000004980</b> 1. Entity Name <b>INWOOD REAL ESTATE CORP.</b>					
Principal Place of Business <b>1314 E. LAS OLAS BLVD STE 285 FORT LAUDERDALE, FL 33301</b>			Mailing Address <b>806 DOUGLAS RD 580 CORAL GABLES, FL 33134</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>27-0042586</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REGISTERED AGENT CORPORATE SERVICES 806 DOUGLAS RD 580 MIAMI, FL 33134</b>			7. Name and Address of New Registered Agent Name <b>Same</b> Street Address (P.O. Box Number is Not Acceptable) <b>Same</b> Suite <b>580</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>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. SIGNATURE:  DATE: <b>1/10/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
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 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	P CARMAN, CLAUDIA 1314 E. LAS OLAS BLVD #285 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAURIA, CARMEN C 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	VP GARBATI, MARIA C 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	<input type="checkbox"/> Delete	<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	<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 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: 			Date: <b>4/25/2007</b> Daytime Phone #: <b>954 6533123</b>		