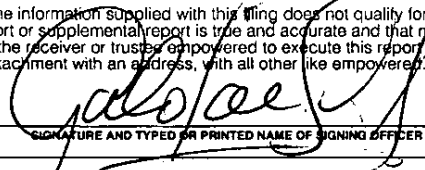


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90010 036 ***150.00

DOCUMENT # P03000151241 1. Entity Name INMOKOLMEN CORPORATION			
Principal Place of Business 11991 S.W. 93RD TERRACE MIAMI, FL 33186		Mailing Address 11991 S.W. 93RD TERRACE MIAMI, FL 33186	
2. Principal Place of Business 11991 SW 93RD Terrace Suite, Apt. #, etc.		3. Mailing Address 11991 SW 93RD Terrace Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33186		Zip 33186	
Country USA		Country U.S.A.	
4. FEI Number 88-0517817		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABRAMSON, EDWARD J ESQ. 7270 N.W. 12TH STREET SUITE 850 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME SANCHEZ ACOSTA, GALO E STREET ADDRESS 11991 S.W. 93RD TERRACE CITY-ST-ZIP MIAMI, FL 33186	☐ Delete	TITLE PD NAME SANCHEZ ACOSTA, GALO E STREET ADDRESS 11991 S.W. 93RD TERRACE CITY-ST-ZIP Miami, FL 33186	☐ Change ☐ Addition
TITLE SB NAME HENAO, JUAN P STREET ADDRESS 11991 SW 93RD TERRACE CITY-ST-ZIP MIAMI, FL 33186	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ 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: 		Date 03/16/2005 Daytime Phone #	