


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000132332					
1. Entity Name INRUMICA & COMPANY, CORP.					
Principal Place of Business 11194 NW 73RD TERR. MIAMI, FL 33178			Mailing Address 11194 NW 73RD TERR. MIAMI, FL 33178		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04082005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LOPEZ, PETER M ESQ. 2450 SW 137TH AVE., SUITE 234 MIAMI, FL 33175			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 <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 MILITELLO, GIUSEPPE R 11194 NW 73RD TERR. MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> 400054212804 05/10/05--01054--022 **300.00 </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUSSO, MARIA DE A 11194 NW 73RD TERR. MIAMI, FL 33178	<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 RUSSO, ANGELA 11194 NW 73RD TERR. MIAMI, FL 33178	<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 RUSSO, ANTHONY 11194 NW 73RD TERR. MIAMI, FL 33178	<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 RUSSO, MATTEO 11194 NW 73RD TERR. MIAMI, FL 33178	<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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/11/05 <small>Date</small>		

FILED

05 APR 21 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04082005 Chg-P CR2E034 (10/03)

☒ Applied For
☐ Not Applicable

\$8.75 Additional Fee Required

FL

Zip Code

400054212804
05/10/05--01054--022 **300.00

04/11/05

Date

Daytime Phone #