
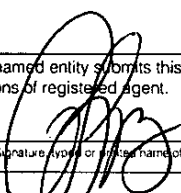
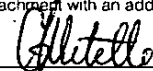


**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

66003268

DOCUMENT # P04000132332		03-01-2006 90193 001 ***450.00	
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	
6. Name and Address of Current Registered Agent LOPEZ, PETER M ESQ. 2450 SW 137TH AVE., SUITE 234 MIAMI, FL 33175		7. Name and Address of New Registered Agent Name Peter M. Lopez, PA Street Address (P.O. Box Number is Not Acceptable) 1200 Brickell Ave Suite 860 City miami FL Zip Code 33131	
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 2/24/06 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 D <input type="checkbox"/> Delete NAME MILITELLO, GIUSEPPE R STREET ADDRESS 11194 NW 73RD TERR. CITY-ST-ZIP MIAMI, FL 33178		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME RUSSO, MARIA DE A STREET ADDRESS 11194 NW 73RD TERR. CITY-ST-ZIP MIAMI, FL 33178		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME RUSSO, ANGELA STREET ADDRESS 11194 NW 73RD TERR. CITY-ST-ZIP MIAMI, FL 33178		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME RUSSO, ANTHONY STREET ADDRESS 11194 NW 73RD TERR. CITY-ST-ZIP MIAMI, FL 33178		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME RUSSO, MATTEO STREET ADDRESS 11194 NW 73RD TERR. CITY-ST-ZIP MIAMI, FL 33178		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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:  Director DATE 2/21/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #			