2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000140299

Entity Name: INMOPTIONS USA, CORPORATION

FILED Apr 21, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
# 2025			201 SOUTH BISCAYNE BLVD STE 2866 MIAMI, FL 33131			
Current Mailing Address:				New Mailing Address:		
80 SW 8 ST # 2025 MIAMI, FL 33130				5805 BLUE LAGOON DR STE 200 MIAMI, FL 33126		
FEI Number:	06-1804272	FEI Number Applied For ()	FEI Num	nber Not Appli	cable () C	ertificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of Nev	w Registered Agent:
AG CORPORATE SERVICES, LLC 5805 BLUE LAGOON DR ST 200 MIAMI, FL 33126 US						
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.						
SIGNATURE:						
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () I NOVAL ARIAS, J 80 SW 8 ST STE MIAMI, FL 3313	2025		Title: Name: Address: City-St-Zip:	NOVAL ARIAS, JU	hange()Addition LIO AYNE BLVD STE 2866
Title: Name: Address: City-St-Zip:	D () I NOVAL ARIAS, T 80 SW 8 ST STE MIAMI, FL 3313	2025		Title: Name: Address: City-St-Zip:	NOVAL ARIAS, TE	hange ()Addition RESA AYNE BLVD STE 2866
Title: Name: Address: City-St-Zip:	D () I NOVAL ARIAS, N 80 SW 8 ST STE MIAMI, FL 3313	2025		Title: Name: Address: City-St-Zip:	GONZALEZ GARC	hange ()Addition NA, JAVIER AYNE BLVD STE 2866
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	CARRALERO ALO	nange (X) Addition NSO, CARLOS AYNE BLVD STE 2866
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	LOMBARDIA ROD	nange (X) Addition RIGUEZ, JOSE AYNE BLVD STE 2866

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA NOVAL ARIAS D 04/21/2008