2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000140299

Entity Name: INMOPTIONS USA, CORPORATION

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
201 SOUTH BISCAYNE BLVD STE 2866 MIAMI, FL 33131			6101 BLUE LAGOON DR STE 150 MIAMI, FL 33126			
Current M	ailing Addre	ss:	New Mai	New Mailing Address:		
5805 BLUE STE 200 MIAMI, FL	E LAGOON DI 33126	२				
FEI Number:	06-1804272	FEI Number Applied For ()	FEI Number Not Ap	plicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name an	d Address of	New Registered Agent:	
5805 BLUE ST 200	ORATE SER\ E LAGOON DI 33126 US					
	named entity e of Florida.	submits this statement for the	purpose of changing	its registered	l office or registered agent, or both,	
SIGNATUR	RE:					
	Electro	nic Signature of Registered Ag	 jent		Date	
Election Car		g Trust Fund Contribution ().				
OFFICERS	S AND DIREC	CTORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	NOVAL ARIAS	SCAYNE BLVD STE 2866	Title: Name: Address: City-St-Zip:	NOVAL ARIA 6101 BLUE L	AGOON DR STE 150	
Title: Name: Address: City-St-Zip:	NOVAL ARIAS	SCAYNE BLVD STE 2866	Title: Name: Address: City-St-Zip:	NOVAL ARIA 6101 BLUE L	AGOON DR STE 150	
Title: Name: Address: City-St-Zip:	GONZALEZ G) Delete ARCIA, JAVIER SCAYNE BLVD STE 2866 I31	Title: Name: Address: City-St-Zip:	GONZALEZ (6101 BLUE L	(X) Change () Addition GARCIA, JAVIER .AGOON DR STE 150 3126	
Title: Name: Address: City-St-Zip:	CARRALERO) Delete ALONSO, CARLOS SCAYNE BLVD STE 2866 I31	Title: Name: Address: City-St-Zip:	CARRALERO 6101 BLUE L	(X) Change () Addition) ALONSO, CARLOS .AGOON DR STE 150 3126	
Title: Name: Address:	LOMBARDIA F) Delete ODRIGUEZ, JOSE SCAYNE BLVD STE 2866	Title: Name: Address:	LOMBARDIA	(X) Change () Addition RODRIGUEZ, JOSE AGOON DR STE 150	

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.

City-St-Zip: MIAMI, FL 33126

SIGNATURE: CARLOS CARRALERO ALONSO D 03/20/2009

City-St-Zip: MIAMI, FL 33131