


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2006 8:00 am
Secretary of State

06-20-2006 90013 029 ***550.00

DOCUMENT # P94000090940	
1. Entity Name MISTY/INWOOD CORP.	

Principal Place of Business 1314 E. LAS OLAS BLVD #285 FORT LAUDERDALE, FL 33301 US	Mailing Address 200 SOUTH BISCAYNE BLVD. STE 4100 MIAMI, FL 33131 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 806 Douglas Rd Suite 580 Coral Gables City & State Zip
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40096271



06062006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0635861	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GARBATI, MARIA C 1314 E. LAS OLAS BLVD # #285 FORT LAUDERDALE, FL 33301	
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7. Name and Address of New Registered Agent Registered Agent Corporate Services Inc 806 Douglas Road Suite 580 Coral Gables FL 33134	
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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: Betsy Parenti **Betsy Parenti, Asst. Secretary** 6/15/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUILLERMO, LESSAUR 1314 E. LAS OLAS BLVD #285 FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARBATI, MARIA CLARA 1201 SW 26 AVE PMB 325 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GARBATI, MARIA C 1314 E. LAS OLAS BLVD #285 FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARBATI MARIA CLARA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1314 E Las Olas Blvd #285 Fort Lauderdale FL 33134
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"/> Change <input type="checkbox"/> Addition
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 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: Maria Clara Garbat **6/07/06** **954 6533123**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #