2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2007 08:00 A Secretary of State-

DOCUMENT # P95000031179 1. Entity Name INMOBILIARIA OF SOUTH FLORIDA, INC.								1	Secre	tai y	UI Sta
Principal Place of Business 806 DOUGLAS RD SUITE 580 CORAL GABLES, FL 33134				Mailing Address 806 DOUGLAS RD SUITE 580 CORAL GABLES, FL 33134							
2. Principal Place of Business - No P.O. Box #				3. Mailing Address				<u> </u>			
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.				Chg-P	CR2E03	4 (12/06)	
City & State				City & State			4. FEI Numb 65-067				plied For t Applicable
Zip	Country		2	Zip Cou		ntry	5. Certificate	of Status Desired		8.75 Add ee Required	
6. Name and Address of Current Registered Agent						Name	7. Name and	Address of New 1	Registered A	ønt	
REGISTERED AGENT CORPORATE SERVICES, INC.						Street Address (P.O. Box Number is Not Acceptable)					
806 DOUGLAS RD SUITE 580						Street Address	S (P.O. BOX NUME	er is Not Acceptab			
CORAL GABLES, FL 33134					City			FL	Zip Code		
8. The above	named entity subr	mits this statement	for the p	urpose of changing its	s register	'	tered agent, or bo	oth, in the State of F		<u> </u>	
	ions of registered					•		,			·
SIGNATURE_	Signature, typed or printe	ed name of registered age	ert and title i	applicable. (NO	TE: Registere	ed Agent signature requi	red when reinstating)		DATE		
	E NOW!!! FEE ay 1, 2007 Fe	E IS \$150.00 e will be \$55(0.00	9. Election Campa Trust Fund Con			5.00 May Be dded to Fees				
10.		OFFICERS AN	ID DIREC		11.		ADDITIONS	/CHANGES TO OF			
TITLE NAME	D ESPINOSA, HI	ERBERTO R		. Delete	TITL					Change	Addition
STREET ADDRESS	3804 ALHAMBRA CIRCLE CORAL GALBLES, FL 33134				EET ADDRESS Y-SI-ZIP			.0000736 1/07-800		150.00	
TITLE	OOTO IL OTTED	LLO, 1 L 00 10 4		☐ Delete	TIT			00, 10		Change	Addition
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CITY+ST-ZIP						Y-ST-ZIP					
TITLE NAME				☐ Delete	TITU	1				Change	Addition
STREET ADDRESS						REET ADDRESS					ļ
CITY-SF-ZIP				☐ Delete	CIT	Y-ST-ZIP				Change	Addition
NAME				CT Deléte	NAI	ME				C) outride	المستومر بي
STREET ADDRESS CITY - ST - ZIP						REET ADDRESS Y-ST-ZIP					
TITLE				☐ Delete	TIT	LE				Change	☐ Addition
NAME STREET ADDRESS					NA!	ME REET ADDRESS					ļ
CITY-ST-ZIP					CIT	Y-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			
TITLE NAME				☐ Delete	TLT NA	l				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					STE	REET ADDRESS TY-ST-ZIP					
12. I hereby indicated of the co changed	certify that the info d on this report or reporation or the re l, or on an attact	ormation supplied surpremental repo server or rustee er ent uch an address	vith this fi r) is true a powered is, with al	iling does not quality and accurate and that d to execute this repo I other like empowere	for the ending to the transfer of the end of	xemptions contain ature shall have the uired by Chapter of	ned in Chapter 1 he same legal effo 607, Florida Statu	19, Florida Statutes. ect as if made unde tes; and that my na	I further certing that I arme appears in	fy that the ii m an officer Block 10 o	nformation or director r Block 11 if
SIGNAT	TURE: 🔼	NATIBE AND THE	D PRINTER	NAME OF SIGNING OFFICE	ED OR DIDE	CTOR		4/d3/		sytime Phone #	
I	5)	THAT I YAR AND STREET		,	~~ ~~ ~~ ~~ KE	UIUR		Date	D.	A FORTING FOR THE PERSON AND PROPERTY.	