

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000031179

FILED
Jun 18, 2008
Secretary of State**Entity Name:** INMOBILIARIA OF SOUTH FLORIDA, INC.**Current Principal Place of Business:**C/O 355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 US**New Principal Place of Business:****Current Mailing Address:**C/O 355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 US**New Mailing Address:****FEI Number:** 65-0674117**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**REGISTERED AGENT CORPORATE SERVICES, INC.
355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**

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**OFFICERS AND DIRECTORS:****Title:** PVST (X) Delete
Name: ESPINOSA, HERBERTO R
Address: 3804 ALHAMBRA CIRCLE
City-St-Zip: CORAL GALBLES, FL 33134 US**Title:** D () Delete
Name: ESPINOSA, HEBERTO R
Address: 3804 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: HEBERTO ESPINOSA

D

06/18/2008

Electronic Signature of Signing Officer or Director_____
Date