

2006 FOR PROFIT CORPORATION ANNUAL REPORT



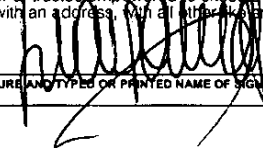
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Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90039 015 ***150.00

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01062006 Chg-P CR2E034 (11/05)

DOCUMENT # P96000054610			
1. Entity Name INPAVIANCA (FLORIDA), INC.			
Principal Place of Business 200 S BISCAYNE BLVD., 4100 FLOOR MIAMI, FL 33131		Mailing Address 200 S BISCAYNE BLVD., 4100 FLOOR MIAMI, FL 33131	
2. Principal Place of Business 806 Douglas Road Suite, Apt. #, etc. Suite 580 City & State Coral Gables, FL Zip 33134 Country US		3. Mailing Address 806 Douglas Road Suite, Apt. #, etc. Suite 580 City & State Coral Gables, FL Zip 33134 Country US	
4. FEI Number 65-0680032		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORP. INT'L REGISTERED AGENTS, INC. 200 S BISCAYNE BLVD., 41 FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Registered Agent Corporate Services Inc. Street Address (P.O. Box Number is Not Acceptable) 806 Douglas Road Suite 580 City Coral Gables FL Zip Code 33134	
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  (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 1/24/06			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PARRA, PILAR 200 S BISCAYNE BLVD STE #4100 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PARRA, PILAR 806 DOUGLAS ROAD, SUITE 580 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 persons empowered.			
SIGNATURE: 		Feb. 02, 2006 Date Daytime Phone #	