FILED 2062 UNIFORM BUSINESS REPORT (UBR) May 03, 2002 8:00 am Secretary of State V42198 DOCUMENT # 05-03-2002 90017 006 ***158.75 INWOOD DEVELOPMENTS, INC. Principal Place of Business Mailing Address 555 S POMPANO PKWY RJVF CORP SERVICES. INC. POMPANO BEACH FL 33306 200 S BISCAYNE BLVD ST #4100 MIAMI FL 33131 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0421649 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATE INTERNATIONAL REGISTERED AGENTS INC. RJVF CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 200 S BISCAYNE BLVD., STE 4100 MIAMI FL 33131 SAME City Zip Code 8. The above named entity submits this statement for the purpo of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered age (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (9/01) ☐ Delete TITLE · Change ☐ Addition TITLE LAURIA, JESUS ALBERTO NAME NAME 517 MISTY OAKS DR **CR2E034** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL CITY-ST-ZIP ☐ Delete TITLE Change Addition 1291 A S. Powerline Rd NAME GUILLERMO, LESSEUR NAME STREET ADDRESS 2585 SOUTH COURSE DR STREET ADDRESS PMB 325 CITY-ST-ZIP _ POMPANO BEACH FL CITY-ST-ZIP Change TITLE ☐ Delete Addition TITLE 1291 A. S. Powerline Rd NAME GARBATI, MARIA CLARA NAME STREET ADDRESS STREET ADDRESS 11729 SW 95 ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like appowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR