
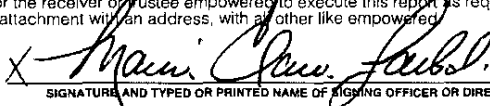


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90171 035 ***158.75

DOCUMENT # V42198 1. Entity Name INWOOD DEVELOPMENTS, INC.					
Principal Place of Business 555 S POMPANO PKWY POMPANO BEACH, FL 33306 US			Mailing Address RJVF CORP SERVICES, INC. 200 S BISCAYNE BLVD ST #4100 MIAMI, FL 33131 US		
2. Principal Place of Business 200 S. Biscayne Blvd.		3. Mailing Address 200 S. Biscayne Blvd.			
Suite, Apt. #, etc. # 4100		Suite, Apt. #, etc. # 4100			
City & State Miami - FL		City & State Miami - FL			
Zip 33131	Country Dade	Zip 33131	Country Dade		
4. FEI Number 65-0421649			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CORP. INTERNATIONAL REGISTERED AGENTS, INC 200 S BISCAYNE BLVD., STE 4100 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	D LAURIA, JESUS ALBERTO 517 MISTY OAKS DR POMPANO BEACH, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GUILLERMO, LESSEUR 1291A S POWERLINE RD, PMB 325 POMPANO BEACH, FL 33069		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GARBATI, MARIA CLARA 1291A S POWERLINE RD, PMB 325 POMPANO BEACH, FL 33069		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date 4/28/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

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