

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State

06-16-2006 90102 024 ***550.00

DOCUMENT # V42198 1. Entity Name INWOOD DEVELOPMENTS, INC.			
Principal Place of Business 200 S. BISCAYNE BLVD. #4100 MIAMI, FL 33131 US		Mailing Address 200 S. BISCAYNE BLVD. #4100 MIAMI, FL 33131 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 806 Douglas Road Suite, Apt. #, etc. Suite 580 City & State Coral Gables FL Zip Country 33134 U.S.	
		40095772 	
		01062006 Chg-P CR2E034 (11/05)	
4. FEI Number 65-0421649		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. INTERNATIONAL REGISTERED AGENTS, INC 200 S BISCAYNE BLVD., STE 100 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 State Zip Code Coral Gables FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 1/24/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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	D	TITLE	
NAME	LAURIA, JESUS ALBERTO <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1314 E LAS OLAS BLVD, #285	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	CITY-ST-ZIP	
TITLE	VP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILLERMO, LESSEUR <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	1314 E LAS OLAS BLVD, #285	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	CITY-ST-ZIP	
TITLE	VP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARBATI, MARIA CLARA <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	1314 E LAS OLAS BLVD, #285	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 05/08/06 Daytime Phone # 954 6533123	