

FILED
May 09, 2007 8:00 am
Secretary of State

40109542

DOCUMENT #V42198

1. Entity Name
INWOOD DEVELOPMENTS, INC.

05-09-2007 90104 010 ***150.00

4010934

Principal Place of Business
200 S. BISCAYNE BLVD
#4100
MIAMI, FL 33131 US

Mailing Address
806 DOUGLAS RD STE 580
MIAMI, FL 33134 US

2. Principal Place of Business - No P.O. Box #
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
65-0421649

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
REGISTERED AGENT CORP. SRVS., INC
806 DOUGLAS RD STE 580
MIAMI, FL 33134

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: [Signature] DATE: 1/10/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS
TITLE D ☐ Delete
NAME LAURIA, JESUS ALBERTO
STREET ADDRESS 1314 E LAS OLAS BLVD, #285
CITY-ST-ZIP FORT LAUDERDALE, FL 33301
TITLE VP ☐ Delete
NAME GUILLERMO, LESSEUR
STREET ADDRESS 1314 E LAS OLAS BLVD, #285
CITY-ST-ZIP FORT LAUDERDALE, FL 33301
TITLE VP ☐ Delete
NAME GARBATI, MARIA CLARA
STREET ADDRESS 1314 E LAS OLAS BLVD, #285
CITY-ST-ZIP FORT LAUDERDALE, FL 33301
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: [Signature] 4/12/07 954 6533123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #