FILED

Apr 28, 2003 8:00 am Secretary of State

2003 FOR	PROFIT C	CORPORAT	LION
UNIFORM E	BUSINESS	REPORT	(UBR)

V//2100 DOCUMENT #

1. Entity Name INWOOD DEVELOPMENTS, INC.						04-28-2003 90181	007 ***158.7	75	
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							
		3. Mailing Address						01011 01311 1031	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. F	El Number 65-0421649	; 	pplied For t Applicable		
Zip	Country	Zip	Country		5. 0	Certificate of Status Desired	\$8.75 Add Fee Require	fitional d	
	6. Name and Address of Current	Registered Agent			7. N	lame and Address of New Register	ed Agent		
RJVF CORPORATE SERVICES, INC. 200 S BISCAYNE BLVD., STE 4100					Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33131			Same						
				City		 	Zip Code		
the obligati	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent.			ed office or regis	· .	1/29	am familiar with,	and accept	
After Make Check	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of					Election Campaign Financing Trust Fund Contribution.	☐ Added	O May Be to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAURIA, JESUS ALBERTO 517 MISTY OAKS DR POMPANO BEACH FL	Delete Delete		ſ	ADI	DITIONS/CHANGES TO OFFICERS A	□ Change	Addition	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	VP GUILLERMO, LESSEUR 1291A S POWERLINE RD, PMB POMPANO BEACH FL 33069	☐ Delete					☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	VP GARBATI, MARIA CLARA 1291A S POWERLINE RD, PMB POMPANO BEACH FL 33069	☐ Delete		4			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAMI STRE	í		·	☐ Change	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 true ee 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND VPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR