2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # L05000091889

1. Entity Name
INTERHOUSE INTERNATIONAL HOLDINGS OF FLORIDA, LLC

Principal Place of Business
782 NW LEJEUNE ROAD, SUITE #4
MIAMI, FL 33126

Mailing Address
782 NW LEJEUNE ROAD, SUITE #4
MIAMI, FL 33126

01112007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4281179 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FLEITAS, ROBERTO F
782 NW LEJEUNE ROAD, SUITE #4
MIAMI, FL 33126

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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KASABDJI, JORGE
STREET ADDRESS	782 NW LEJEUNE ROAD, SUITE #4
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	MGR
NAME	FERNANDO, KASABDJI
STREET ADDRESS	782 NW 42ND AVE # 4
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/12/07-80014-025 50.00

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 2/27/07 786-552-7858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #