


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

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| DOCUMENT # 205344 1. Entity Name INTER-AMERICAN FLORIDA LAND CORP. |  |
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| Principal Place of Business 3075 BUCKINGHAMMOCK TRAIL VERO BEACH, FL 32960 US | Mailing Address 3075 BUCKINGHAMMOCK TRAIL VERO BEACH, FL 32960 US |
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DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent STEYER, THOMAS M 3075 BUCKINGHAMMOCK TRAIL VERO BEACH, FL 32960 |
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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 _____ (NOTE: Registered Agent signature required when refiling) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| 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 | 000000029460 02/04/04-80067-007 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TSD STEYER, HELEN 1660 BAY ST APT 301 SAN FRANCISCO, CA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD STEYER, THOMAS 3075 BUCKINGHAMMOCK TRAIL VERO BEACH, FL 329604968 |
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Thomas M Steyer **PRESIDENT** 01.28.2004. (772) 978-6693.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #