

***2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 03, 2004 08:00 AM
Secretary of State**

DOCUMENT # 563906

1. Entity Name
INTERAMERICAN BUSINESS CORP.



Principal Place of Business

PO BOX 450944
MIAMI, FL 33245

Mailing Address

PO BOX 450944
MIAMI, FL 33245

DO NOT WRITE IN THIS SPACE



07162004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0015288

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PESCETTO, MARIO
1385 CORAL WAY, STE 407
MIAMI, FL 33145

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IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	PESCETTO, MARIO
STREET ADDRESS	2333 BRICKELL AVE., #1617
CITY- ST- ZIP	MIAMI, FL
TITLE	V
NAME	PESCETTO, EDDA G.
STREET ADDRESS	2333 BRICKELL AVE #1617
CITY- ST- ZIP	MIAMI, FL
TITLE	S
NAME	PESCETTO, MARITZA G.
STREET ADDRESS	2333 BRICKELL AVE #1617
CITY- ST- ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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09/03/04-80003-007 150.00

**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)(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 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:

Edla Results

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-31-04 (305) 856467