


***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 Mailing Address
 PO BOX 450944 PO BOX 450944
 MIAMI, FL 33245 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 <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PESCKETTO, MARIO
 1385 CORAL WAY, STE 407
 MIAMI, FL 33145

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

DO NOT WRITE IN THIS SPACE

U00000171574
 09/03/04-80003-007 150.00

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: Eda Results 8-31-04 (305) 856467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #