## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 22, 2004 08:00 AM Secretary of State **DOCUMENT #685269** 1. Entity Name INTERAM TRADE SERVICES, INC. Mailing Address Principal Place of Business 1425 N.W. 88TH AVE. 1425 N.W. 88TH AVE. C/O DIETER J. SEIDENTHAL C/O DIETER I. SEIDENTHAL MIAMI, FL 33172 US MIAMI, FL 33172 US 04152004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2023212 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SEIDENTHAL, DIETER J. DO NOT WRITE 145 N.W. 88TH AVE. MIAMI, FL 33172 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 d applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TIRE SEIDENTHAL, DIETER J NAME 1425 N.W. 88TH AVE. STREET ADDRESS U00000124566 04/22/04-80049-024 150.00 CITY-ST-ZIP MIAMI, FL TSTLE HEILEMANN, FRANK NAME STREET ADDRESS 1425 N.W. 88TH AVE. Cf1Y-S1-ZIP MIAMI, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP 3131E IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 of trultee 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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP