


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000001669</b> 1. Entity Name INTER-AMERICAN VANGUARD CORP.	
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Principal Place of Business 3690 NW 62ND STREET MIAMI, FL 33147	Mailing Address 3690 NW 62ND STREET MIAMI, FL 33147
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**DO NOT WRITE IN THIS SPACE**

02112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0637913	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SUAREZ, HECTOR J 3690 NW 62ND STREET MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST DEJU, HECTOR 3690 NW 62ND STREET MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS VERA, ANTONIO 3690 NW 62ND STREET MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUAREZ, PEDRO R 3690 NW 62ND STREET MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GENAUER, MARTIN 2 ALHAMBRA PLAZA, SUITE 1202 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GONZALEZ, DULCE M 3690 NW 62ND STREET MIAMI, FL 33147

000000329110  
04/25/05-80103-021 150.00

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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:** PEDRO R. SUAREZ 04/22/05 (305) 633-0351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #