

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000700

FILED  
Feb 03, 2010  
Secretary of State

**Entity Name:** INTERAMERICAN MORTOR CORPORATION

**Current Principal Place of Business:**

8901 CANOGA AVE  
CANOGA PARK, CA 91304

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3939  
CHATSWORTH, CA 91313

**New Mailing Address:**

**FEI Number:** 95-6046072

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** CP  
**Name:** GAERTNER, KARL  
**Address:** 22143 HANBURG  
**City-St-Zip:** GERMANY MERKURING, OC

**Title:** D  
**Name:** BEER, THOMAS  
**Address:** 8901 CANOGA AVE  
**City-St-Zip:** CANOGA PARK, CA 91304

**Title:** VP  
**Name:** MYER, WARD  
**Address:** 8901 CANOGA AVE  
**City-St-Zip:** CANOGA PARK, CA 91304

**Title:** S  
**Name:** SMITH, KEITH  
**Address:** 8901 CANOGA AVE  
**City-St-Zip:** CANOGA PARK, CA 91304

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** KEITH SMITH

CFO

02/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date