


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # H63287 1. Entity Name INTERFED SERVICE CORP.	
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Principal Place of Business 9192 CORAL WAY SUITE 204 MIAMI, FL 33165	Mailing Address C/O INTERAMERICAN BANK, FSB 9190 CORAL WAY MIAMI, FL 33165 US
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01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0020862	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

VALASCO, AGUSTIN F
11928 SW 74 TERR
MIAMI, FL 33183

**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 _____

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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000194793
01/26/05-80002-024 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VELASCO, AGUSTIN F 11929 SW 74TH TERR MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PACHECO, IBRAHIM 630 S.W. 29TH ROAD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEIJOO, MANUEL 8390 S.W. 2ND STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(l), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/05

Date

305-223-143X

Daytime Phone #