

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 08:00 AM
Secretary of State

DOCUMENT # H63287 1. Entity Name INTERFER 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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07102006 No Chg-P CR2E034 (11/05)

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 Fee Required
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6. Name and Address of Current Registered Agent VALASCO, AGUSTIN F 11928 SW 74 TERR MIAMI, FL 33183	DO NOT WRITE IN THIS SPACE
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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 _____
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FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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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 exemptions contained in Chapter 119, 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: <u>Agustin Velasco / AGUSTIN VELASCO</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>7/19/06</u> Date	<u>305-223-1434</u> Daytime Phone #
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