## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 19, 2006 08:00 AM Secretary of State **DOCUMENT # J66694** INTERWORLD INVESTMENTS, INC. Principal Place of Business Mailing Address 231 ALTARA AVENUE 231 ALTARA AVENUE CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 CR2E034 (11/05) 03182006 : No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Numbet 65-0017750 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GUITERREZ, SERGIO L DO NOT WRITE 231 ALTARA AVENUE CORAL GABLES, FL 33146 -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 accert the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable fNOTE. Registered Agent signature required when remotating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE GUTIERREZ, SERGIO L NAME STREET ADDRESS 231 ALTARA AVENUE CITY-ST-ZIP CORAL GABLES, FL 33146 NAME STREET ADDRESS CITY-ST-ZIP MANAS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME

I hereby certify that the information supplied with this filling 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 direction of the corporation or the receiver of function are exposured to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 chapter 607. changed, or on an attachment an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TO F

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

> 5.60 TICHURO, 7005. SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

305-642-1599

Daytime Prone #

**FILED** 

Applied For

Not Applicat