





**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

| | | |
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| DOCUMENT # K96235 | |  |
| 1. Entry Name INTERAMERICAN FINANCIAL SERVICES, INC. | | |
| Principal Place of Business 2850 DOUGLAS ROAD STE 400 CORAL GABLES, FL 33134 US | Mailing Address 2850 DOUGLAS ROAD STE 400 CORAL GABLES, FL 33134 US |  01162007 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0124990 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent HERNANDEZ, HECTOR 2850 DOUGLAS ROAD SUITE 400 CORAL GABLES, FL 33134 | | |
| 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 _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | |  DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HERNANDEZ, HECTOR 2850 DOUGLAS ROAD, #400 CORAL GABLES, FL 33134 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HERNANDEZ, ALEIDO 21 PALERMO AVENUE CORAL GABLES, FL 33134 | |
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| 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | 1-16-07 786-552-1010 Date Daytime Phone # |