

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K96235

FILED  
Oct 21, 2009  
Secretary of State

Entity Name: INTERAMERICAN FINANCIAL SERVICES, INC.

## Current Principal Place of Business:

2850 DOUGLAS ROAD  
STE 400  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

7855 NW 12TH STREET  
SUITE 105  
MIAMI, FL 33126 US

## Current Mailing Address:

2850 DOUGLAS ROAD  
STE 400  
CORAL GABLES, FL 33134 US

## New Mailing Address:

7855 NW 12TH STREET  
SUITE 105  
MIAMI, FL 33126 US

FEI Number: 65-0124990

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ESQUIRE CORPORATE SERVICES, INC  
10 NW LE JEUNE ROAD  
STE. 500  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

HECTOR HERNANDEZ & ASSOCIATES, P.A.  
7855 NW 12 STREET  
SUITE 105  
MIAMI, FL 33126 US

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: HECTOR HERNANDEZ

10/21/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HERNANDEZ, HECTOR  
Address: 2850 DOUGLAS ROAD, #400  
City-St-Zip: CORAL GABLES, FL 33134

Title: SD ( ) Delete  
Name: HERNANDEZ, ALEIDO  
Address: 21 PALERMO AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HERNANDEZ, HECTOR  
Address: 7855 NW 12 STREET SUITE 105  
City-St-Zip: MIAMI, FL 33126

Title: SD (X) Change ( ) Addition  
Name: HERNANDEZ, ALEIDO  
Address: 7855 NW 12TH STREET SUITE 105  
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HECTOR HERNANDEZ

PD

10/21/2009

Electronic Signature of Signing Officer or Director

Date