


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State


05-02-2006 90188 044 ***150.00

DOCUMENT # L15673 1. Entity Name INTERAMERICAN SHOE MACHINERY, INC.	
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Principal Place of Business 2100 CORAL WAY #304 MIAMI, FL 33145	Mailing Address 2100 CORAL WAY #304 MIAMI, FL 33145
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DO NOT WRITE IN THIS SPACE

40079231



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0357994	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CAMPES, FRANCISCO 1065 N.E. 70 STREET MIAMI, FL 33135 <i>Frank Duran</i> <i>2100 Coral Way #304</i> <i>Mia, FL 33145</i>	DO NOT WRITE IN THIS SPACE
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8. The above named entity adopts 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: *Frank Duran* *Frank Duran* *4/28/06*
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D S</i> <i>REYNERI, NELSON</i> <i>Frank Duran</i> <i>2100 CORAL WAY #304</i> <i>MIAMI, FL 33145</i>
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**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: *Frank Duran* *Frank Duran* *Secretary* *4/28/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #