


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L37214 1. Entity Name INTERAMA SERVICES, INC.	
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Principal Place of Business 355 NE 71ST STREET MIAMI, FL 33138	Mailing Address 355 NE 71ST STREET MIAMI, FL 33138
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DO NOT WRITE IN THIS SPACE



04012004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0166730	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BARON, IRMA
355 NE 71ST STREET
MIAMI, FL 33138

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000145173
05/03/04 00013 025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARON, IRMA
STREET ADDRESS	355 NE 71ST STREET
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	V
NAME	MARZOA, REGLA
STREET ADDRESS	355 NE 71ST STREET
CITY-ST-ZIP	MIAMI, FL 33138
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 exemption stated in Section 119.07(3)(i), 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

4/27/04

Date Daytime Phone #