2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 18, 2005 08:00 AM DOCUMENT # L72021 **Secretary of State** 1" Entity Name INTERAMERICAN FINANCIAL CONSULTANTS, INC. Principal Place of Business Mailing Address 3191 CORAL WAY 2910 SHIPPING AVE 112 CÓCONUTGROVE, FL 33133 US MIAMI, FL 33145 Little - State of the Late of the state of t and a manufacture of the control of No Chg-P CR2E034 (10/03) 01132005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0194719 Not Applicable \$8.75 Additional The same of the management of the property of the same 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PAREDES, EDGAR DO NOT WRITE 2910 SHIPPING AVE. COCONUT GROVE, FL 33145 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE 01/20/05-80026-008.158.75 NAME PAREDES, EDGAR STREET ADDRESS 2910 SHIPPING AVE COCONUTGROVE, FL 33133 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY - ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CUY-ST-78 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 altroper like empowered.