



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # M85194	
1. Entity Name INTERAMERICAN SERVICE UNLIMITED CORP.	

Principal Place of Business 7205 CORP CENTER DR 504 MIAMI, FL 33126	Mailing Address 7205 CORP CENTER DR 504 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE

	
04092008 No Chg-P	CR2E034 (11/05)
4. FEI Number 65-0055297	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	
ATRIUM REGISTERED AGENTS INC 1500 SAN REMO AVE 125 CORAL GABLES, FL 33146	

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.

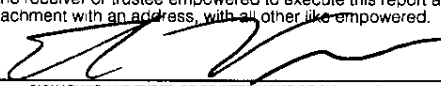
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000912691 05/07/08-80090-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MOLINA, JUAN R 7205 CORP CENTER DR MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MONCADA, ARACELY 7205 CORP CENTER DR MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM VERA, ELVIRA 7205 CORPORATE CENTER DR. #504 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 an other like empowered.

SIGNATURE:  **GEN. MANAGER** **4/17/2008** **305 513 4097**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #