

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004336

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: INTER-AMERICAN DIVISION, INC.

## Current Principal Place of Business:

8100 SW 117 AVE  
MIAMI, FL 33183

## New Principal Place of Business:

## Current Mailing Address:

8100 SW 117 AVE  
MIAMI, FL 33183

## New Mailing Address:

FEI Number: 20-1472648

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

URIARTE, JESUS  
10 NW 42 AVE  
610  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: TP ( ) Delete  
Name: LEITO, ISRAEL  
Address: 8101 SW 117 PATH  
City-St-Zip: MIAMI, FL 33183

Title: TT ( ) Delete  
Name: VERDUZCO, FILIBERTO M  
Address: 8151 SW 117 PATH  
City-St-Zip: MIAMI, FL 33183

Title: TS ( ) Delete  
Name: PERLA, JUAN  
Address: 8152 SW 117 PATH  
City-St-Zip: MIAMI, FL 33183

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AT ( ) Change (X) Addition  
Name: GONZALEZ, GUILLERMO  
Address: 8100 SW 117 AVENUE  
City-St-Zip: MIAMI, FL 33183

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUILLERMO GONZALEZ

AT

04/17/2009

Electronic Signature of Signing Officer or Director

Date