2008 NOT-FOR-PROFIT CORPORATION

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ANNUAL REPORT DOCUMENT # N06000012779 INTERAMERICAN ETHANOL COMMISSION, INC.

FILED Mar 05, 2008 08:00 Al **Secretary of State**

Principal Place of Business

فحماج الإسكا

1200 ANASTASIA AVE STE #500 CORAL GABLES, FL 33134

Mailing Address

1200 ANASTASIA AVE STE #500 CORAL GABLES, FL 33134



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CR2E037 (4/06)

4. FEI Number 20-8063656

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEAN, BRIAN 1200 ANASTASIA AVE STE #500 CORAL GABLES, FL 33134

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	e named entity submits this statement for the ptions of registered agent Signature, typed or printed name of registered agent and bite			egistered agent, or both	n, in the State of Florida I am familiar with, and accept					
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	CTORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEAN, BRIAN RET ADDRESS 1200 ANASTASIA AVE STE #500			U00000848208 03/20/08-80008-007.61.25						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ARRIZURIETA, JORGE L 1200 ANASTASIA AVE STE #500 CORAL GABLES, FL 33134		#3/20/08-80008:00(,b1,d3							
TITLE	DST		esconyectus;		n de la companya de De la companya de la					

TITLE NAME COBB, CHARLES E JR. STREET ADDRESS 1200 ANASTASIA AVE STE #500 CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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IN THIS SPACE arang na ang kanang an marang an marang na manang provide stages of the stage of the control of the stage of da proportion de la proposition de la company de la co apper la production de la completación de la comple territori qui del referencia resperimentati ne mono tendencia de la constanti del referencia del proposito del kipangan mengangan dianggan penggahan menganggan penggan dianggan penggan penggan dianggan dianggan dianggan p agus ta magailtíre is traight i gcríon agus air aighe dan tairig ar saigidh, tágair da tág bhíol dhíos gcir and the control of th

hereby certify that the information supplied with this filling 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 processor of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

MACON JOHONNE OF SIGNING OFFICER OR DIRECTOR