APR-30-2004 18:07 THE SOLAND GROUP P.A.

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State
05-06-2004 90182 031 ***150.00

DOCUMENT # P00000052508

1. Entity Name
INTER SER, U.S.A., INCORPORATED

Principal Place of Business	Mailing Address
~~12853 SW 65TH TERRACE~~ ~~MIAMI, FL 33183~~	12853 SW 65TH TERRACE MIAMI, FL 33183

04302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
4495 SW 127 Ave		905 Brickell Bay Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 1821	
City & State: Miami Florida		City & State: Miami, FL	
Zip: 33175	Country: US	Zip: 33131	Country: US

4. FEI Number: 65-1016490 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BONETTI, MILAGROS ~~12853 SW 65TH TERR.~~ ~~MIAMI, FL 33183~~	Name: Bonetti Milagros Street Address (P.O. Box Number is Not Acceptable): 905 Brickell Bay Drive # 1821 City: Miami FL Zip Code: 33131

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: X Milagros Bonetti DATE: 4/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	☐ Delete	TITLE	PSTD	☒ Change ☐ Addition
NAME	BONETTI, MILAGROS		NAME	Bonetti, Milagros	
STREET ADDRESS	12853 SW 65TH TERR		STREET ADDRESS	905 Brickell Bay Drive # 1821	
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP	Miami, FL 33131	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: X Milagros Bonetti Milagros Bonetti 4/29/04 305-480-7110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #