

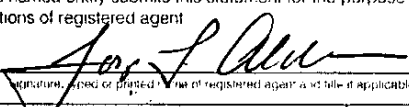
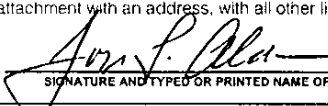


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90187 034 ***158.75

DOCUMENT # P00000089266					
1. Entity Name INTERPLY, INC.					
Principal Place of Business 2742 BISCAYNE BLVD MIAMI, FL 33137			Mailing Address 2742 BISCAYNE BLVD MIAMI, FL 33137		
2. Principal Place of Business 1320 South Dixie Highway Suite, Apt. #, etc. Ste 1061		3. Mailing Address 1320 South Dixie Highway Suite, Apt. #, etc. Ste 1061			
City & State Coral Gables FL		City & State Coral Gables FL		03292006 Chg-P CR2E034 (11/05)	
Zip 33146		Country US		4. FEI Number 65-1050066	
City & State Coral Gables FL		City & State Coral Gables FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATZ, ISAAC PA 2742 BISCAYNE BLVD MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Jorge L Aldecoa Street Address (P.O. Box Number is Not Acceptable) 1320 South Dixie Highway Ste 1061 City Coral Gables FL Zip Code 33146	
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 		Jorge L Aldecoa		DATE 4-3-06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MATZ, ISAAC CPA 2742 BISCAYNE BLVD MIAMI, FL 33137	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Jorge L Aldecoa 1320 South Dixie Highway Ste 1061 Coral Gables FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.					
SIGNATURE: 		Jorge L Aldecoa		Date 4-13-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 305-665-5303	