

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90204 045 ***150.00

DOCUMENT # P00000089266

1. Entity Name
INTERPLY, INC.



Principal Place of Business
1320 SOUTH DIXIE HIGHWAY
STE 1061
CORAL GABLES, FL 33146

Mailing Address
1320 SOUTH DIXIE HIGHWAY
STE 1061
CORAL GABLES, FL 33146

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2. Principal Place of Business - No P.O. Box #
9100 So. DadeLand Blvd.
Suite, Apt. #, etc.
Suite 1600

3. Mailing Address
9100 So. DadeLand Blvd.
Suite, Apt. #, etc.
Suite 1600

City & State
Miami, FL

City & State
Miami, FL

01092007 Chg-P CR2E034 (12/06)

4. FEI Number
65-1050066

Applied For
Not Applicable

Zip
33156

Zip
33156

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

ALDECOA, JORGE L
1320 SOUTH DIXIE HIGHWAY STE 1061
MIAMI, FL 33146

Name
Jorge L. Aldecoa
Street Address (P.O. Box Number is Not Acceptable)

9100 So. DadeLand Blvd. Suite 1600
City Miami FL Zip Code 33156

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*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME D
STREET ADDRESS ALDECOA, JORGE L
CITY-ST-ZIP 1320 SOUTH DIXIE HIGHWAY STE 1061
CORAL GABLES, FL 33146 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME D
STREET ADDRESS Jorge L. Aldecoa
CITY-ST-ZIP 9100 So. Dixie Highway, Suite 1600
Miami, FL 33156 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 1/11/07
Date

(305) 670-1984
Daytime Phone #