

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121467

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: INTERAMERICAN SERVICES & PRODUCTS, INC.

## Current Principal Place of Business:

14340 SW 99TH AVE  
MIAMI, FL 33176

## New Principal Place of Business:

## Current Mailing Address:

14340 SW 99TH AVE  
MIAMI, FL 33176

## New Mailing Address:

FEI Number: 65-0618973      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARTINEZ, EDDY PD  
7255 SW 138 AVE  
MIAMI, FL 33183      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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: M ( ) Delete  
Name: MARTINEZ, EDDY PD  
Address: 7255 SW 138 AVE  
City-St-Zip: MIAMI, FL 33183

Title: MD ( ) Delete  
Name: BORDA, CONSUELO  
Address: 14340 SW 99 AVE  
City-St-Zip: MIAMI, FL 33176

Title: MD ( ) Delete  
Name: BORDA, JOSE  
Address: 14340 SW 99 AVE  
City-St-Zip: MIAMI, FL 33176

Title: M (X) Delete  
Name: WEINSTEIN, ASHLEY  
Address: 14340 SW 99 AVE  
City-St-Zip: MIAMI, FL 33176

Title: M (X) Delete  
Name: CORNELL, MARIELA  
Address: 14340 SW 99 AVE  
City-St-Zip: MIAMI, FL 33176

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: MD (X) Change ( ) Addition  
Name: BORDA, MARGOTT  
Address: 14340 SW 99 AVE  
City-St-Zip: MIAMI, FL 33176

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

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

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

SIGNATURE: CONSUELO BORDA

MD

04/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date