2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 8:00 am Secretary of State 05-01-2006 90404 003 ***150.00 **DOCUMENT # P02000028266** INTAFACE INTERNATIONAL CORP. Mailing Address Principal Place of Business 40075922 8360 WEST FLAGLER ST. #200 8360 WEST FLAGLER ST. #200 MIAMI, FL 33144 MIAMI, FL 33144 No Chg-P CR2E034 (11/05) 04272006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3689791 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GERSBERG, PABLO N 8360 WEST FLAGLER ST. #200 MIAMI, FL 33144 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GERSBERG, PABLO N NAME STREET ADDRESS 8360 WEST FLAGLER ST. #200 CITY-ST-ZIP MIAMI, FL 33144 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE IIILE NAME

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 eport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of 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: _

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

NAME OF SIGNING OFFICER OR DIRECTOR

FILED