

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000027767 1. Entity Name INTERACTIVOS CONSULTORES, CORP.	
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Principal Place of Business 15411 SW 39 TER MIAMI, FL 33185	Mailing Address 15411 SW 39 TER MIAMI, FL 33185
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2336207	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CELIS, IRIS
15411 SW 39 TERR
MIAMI, FL 33185**

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000594939 01/23/07-80019-012 150.00
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10. OFFICERS AND DIRECTORS

TITLE P	MUCI, SALOMON
NAME 15411 SW 39 TER	
STREET ADDRESS MIAMI, FL 33185	
CITY-ST-ZIP	
TITLE D	CELIS, IRIS
NAME 15411 SW 39 TER	
STREET ADDRESS MIAMI, FL 33185	
CITY-ST-ZIP	
TITLE D	RACHO, ELIAS
NAME 15411 SW 39 TER	
STREET ADDRESS MIAMI, FL 33185	
CITY-ST-ZIP	
TITLE D	VALERO, MARCOS
NAME 15411 SW 39 TER	
STREET ADDRESS MIAMI, FL 33185	
CITY-ST-ZIP	
TITLE D	MALDONADO, RAFAEL
NAME 15411 SW 39 TER	
STREET ADDRESS MIAMI, FL 33185	
CITY-ST-ZIP	
TITLE 	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:  **01/08/07 305-4853884**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #