2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State
05-19-2008 90035 020 ***150.00

DOCUMENT # P03000112523

1. Entity Name
AMERICAS INTERACTIVA, INC.

Principal Place of Business	Mailing Address
5220 NW 72 AVE BAY 3 MIAMI, FL 33166	11402 N.W. 41ST #211 MIAMI, FL 33178

05132008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7222 Spikerush Ln	7222 Spikerush Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Garden FL	City & State: Winter Garden FL
Zip: 34787 Country: USA	Zip: 34787 Country: USA

4. FEI Number: 20-1504239 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEIJAS, FRANCISCO
5220 NW 72 AVE BAY 3
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________________
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
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEIJAS, FRANCISCO 5220 NW 72 AVE BAY 3 MIAMI, FL 33166 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEIJAS FRANCISCO 7222 SPIKERUSH LANE WINTER GARDEN FL - 34787 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: F. Seijas - FRANCISCO SEIJAS 5/12/08 3059725591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #