

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000129003

FILED
Apr 29, 2005
Secretary of State

Entity Name: INTERWOOD DESIGN, INC.

Current Principal Place of Business:

8301 SW 142 AVE., NO. B-205
MIAMI, FL 33183

New Principal Place of Business:

8301 SW 142 AVE
NO. B-205
MIAMI, FL 33183

Current Mailing Address:

8301 SW 142 AVE., NO. B-205
MIAMI, FL 33183

New Mailing Address:

FEI Number: 20-0407577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVAS, RAUL
8301 SW 142 AVE., NO. B-205
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: PD () Delete
Name: RIVAS, RAUL
Address: 8301 SW 142 AVE., NO. B-205
City-St-Zip: MIAMI, FL 33183

Title: VS () Delete
Name: RIVAS, YASMINA
Address: 8301 SW 142 AVE., NO. B-205
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: RAUL A RIVAS

PD

04/29/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date