FILED Jan 22, 2008 8:00 am Secretary of State

2008	FOR PROFIT CORPORATIO	N
	ANNUAL REPORT	

DOCU 1. Entity Nam INTER SI			01-22-2008 90084 025 ***150.00							
#365	OAKLAND PARK BULEVARD	Mailing Address 10125 WEST OAKLAND PARK BULEVARD #365		D .						
2. Principal P	33351 US Place of Business - No P.O. Box #	SUNRISE, FL 33351 3. Mailing Address	US							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01112008 Chg-P CR2E034 (12/06)					
City & Stat	е	City & State			4. FEI Number 57-1195620				pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of	Status Desired		\$8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and A	dress of New	Registered	Agent		
PINCEVE	R, MARTA I		Name	PEDRO	PINCEV	/ER				
	34 PLACE		Street		O. Box Number i				· · · · · ·	
#C108	EL 22254			8632	N.W. 34	PL#Cl	<u> </u>			
SUNKISE,	FL 33351		City	SUNRI	ISE		FI	_ Z9 9 9	51	
	named entity supplies and statement to tions of registered about.	or the purpose of changing its	s registered office	or registered	d agent, or both,	in the State of F	Torida. Гап	n familiar with	, and accept	
ine obligat	tions or registerer spenis.	. DEDDO	PINCEVER	_ DD F 9	SIDENT		1 11	0.0		
SIGNATURE.	Signature, typed or printe trume of registered igent		E: Registered Agent sign				1-11-	-00		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa 00 Trust Fund Con			00 May Be d to Fees					
10.	OFFICERS AND		11.	.,	ADDITIONS/CH	ANGES TO OF	FICERS AN	D DIRECTOR	RS IN 11	
TITLE	PS MARTAL	XX Delete	TITLE		SIDENT			X Change	☐ Addition	
NAME STREET ADDRESS	PINCEVER, MARTA I 8632 NW 34 PLACE #108		NAME STREET ADDRESS	1	RO PINC					
CITY-S1-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP	8632	2 N.W.3	4 PL.#(108	SUNRIS	SE-FL-3	3351
TITLE	-	☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-S1-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE	1				☐ Change	Addition	
NAME			NAME							ļ
STREET ADDRESS CHY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE		□ Delete	TITLE	 				☐ Change	Addition	
NAME		□ Detete	NAME					Strange		
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP	+			 			
TITLE		☐ Defete	TITLE NAME					Change	Addition	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE			<u> </u>		☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
12. hereby	certify that the information supplied with	n this filing does not qualify f	or the exemptions	contained i	in Chapter 119, F	lorida Statutes	I further ce	rtify that the	information	1
indicated of the cor changed	certify that the information supplied with lon this report or supplemental report is reporation or the receiver at Justice emp , or on an attachment with a variations.	s true 4hd accurate and that owered to execute this repor with all other like empowered	my signature shall t as required by Cl d.	have the sa napter 607.	ame legal effect a Florida Statutes;	s il made unde and that my na	r oath; that I me appears	am an office in Block 10 c	r or director or Block 11 if	
SIGNAT	V <i>AVXX</i>	//	NT-PEDRO		0 E I I E	05/17/		n 1 '	11-08	