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May 05, 2008 8:00 am
Secretary of State
05-05-2008 90264 020 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000103419

1. Entity Name
INTERBEN CORP.

Principal Place of Business	Mailing Address
336 PARKWAY COURT GREEN ACRES, FL 33413 US	11010 NW 30 STREET SUITE #104-VLN373 MIAMI, FL 33172-5032

40097781

04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1373770
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HORN, CARLOS
336 PARKWAY COURT
GREEN ACRES, FL 33413

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BENITEZ, IGNACIO
STREET ADDRESS	ZONA INDUSTRIAL LA QUIZANDA 4TA TRANSVERSA
CITY-ST-ZIP	VALENCIA, CA 2001
TITLE	D
NAME	CHACON, MARCEL J
STREET ADDRESS	ZONA INDUSTRIAL LA QUIZANDA 4TA TRANSVERSA
CITY-ST-ZIP	VALENCIA, CA 2001
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Marcel Chacon Marcel Chacon 4/23/08 266-5187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #