

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142755

FILED
Apr 18, 2005
Secretary of State

Entity Name: INTERAMERICAN ENTERPRISES USA. CORP.

Current Principal Place of Business:

6355 NW 36TH ST., SUITE 407
VIRGINIA GARDENS, FL 33166

New Principal Place of Business:

Current Mailing Address:

6355 NW 36TH ST., SUITE 407
VIRGINIA GARDENS, FL 33166

New Mailing Address:

FEI Number: 20-1754031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UTRILLA, DEOGENES P
15901 COLLINS AVE., APT. 517
SUNNY ISLES BCH, FL 33160 US

Name and Address of New Registered Agent:

UTRILLA, DEOGENES P
9390 E BAY HARBOR DR
APT 7
BAY HARBOR ISLANDS, FL 33154 US

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:

04/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: UTRILLA, DEOGENES P
Address: 6355 NW 36TH ST., SUITE 407
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: VSD (X) Delete
Name: RODRIGUEZ, MARIA E
Address: 6355 NW 36TH ST., SUITE 407
City-St-Zip: VIRGINIA GARDENS, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: UTRILLA, DEOGENES P
Address: 6355 NW 36TH ST., SUITE 407
City-St-Zip: VIRGINIA GARDENS, FL 33166

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: DEOGENES P UTRILLA

PD

04/18/2005

Electronic Signature of Signing Officer or Director

Date