

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90241 001 \*\*\*150.00  
02-28-2005 90241 002 \*\*\*\*\*8.75

<b>DOCUMENT # P04000155412</b>					
<b>1. Entity Name</b> INTERSTATE RETAIL CORP.					
<b>Principal Place of Business</b> 18862 NW 86TH CT #4003 HIALEAH, FL 33015			<b>Mailing Address</b> 18862 NW 86TH CT #4003 HIALEAH, FL 33015		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b>		
<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b> <span style="font-size: 1.2em;">32-0132908</span>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> RIVERA, ANCIZAR 18862 NW 86TH CT #4003 HIALEAH, FL 33015					
<b>7. Name and Address of New Registered Agent</b>					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State <span style="font-size: 1.2em;">FL</span> Zip Code					
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> RIVERA, ANCIZAR 18862 NW 86TH CT #4003 HIALEAH, FL 33015				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> RIVERA, JANNY A 18862 NW 86TH CT #4003 HIALEAH, FL 33015				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> RICAURTE, MIRYAM 18862 NW 86TH CT #4003 HIALEAH, FL 33015				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP					
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP					
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>					
<b>SIGNATURE:</b> <i>Miryam Ricarte</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <span style="font-size: 1.2em;">02-16-05</span> (305) 829-8141					

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