2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2009
Secretary of State

DOCUMENT# P05000131096

Entity Name: INTERFOODS FLORIDA CORP.

Current Principal Place of Business:

PMB722,#89 DE DIEGO AVENUE, SUITE 105
SAN JUAN, PUERTO RICO
00927-6345, XX

New Principal Place of Business:

PMB722,#89 DE DIEGO AVENUE, SUITE 105
SAN JUAN, PR 00927 PR

Current Mailing Address:

PMB722,#89 DE DIEGO AVENUE, SUITE 105
SAN JUAN, PUERTO RICO
00927-6345, XX

New Mailing Address:

PMB722,#89 DE DIEGO AVENUE, SUITE 105
SAN JUAN, PR 00927 PR

FEI Number: 66-0664579 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, STE 4
WESTON, FL 33331 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: OLIVERA, CARLOS J
Address: PMB722,#89 DE DIEGO AVENUE, SUITE 105
City-St-Zip: 00927-6345, XX

Title: SD ( ) Delete
Name: OLIVERA, FRANCISCO J
Address: PMB722,#89 DE DIEGO AVENUE, SUITE 105
City-St-Zip: 00927-6345, XX

Title: TD (X) Delete
Name: CARVAJAL, LUIS E
Address: PMB722,#89 DE DIEGO AVENUE, SUITE 105
City-St-Zip: 00927-6345, XX

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: OLIVERA, CARLOS J
Address: PMB722,#89 DE DIEGO AVENUE, SUITE 105
City-St-Zip: SAN JUAN, PR 00927 PR

Title: SD (X) Change ( ) Addition
Name: OLIVERA, FRANCISCO J
Address: PMB722,#89 DE DIEGO AVENUE, SUITE 105
City-St-Zip: SAN JUAN, PR 00927 PR

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CARLOS J. OLIVERA PD 09/10/2009

Electronic Signature of Signing Officer or Director Date