

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000104840

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: INTER INVESTMENTS GROUP CORP.

## Current Principal Place of Business:

215 LAKEVIEW DR.  
BLDG. 26 APT. 103  
WESTON, FL 33326

## New Principal Place of Business:

1602 ORION LANE  
WESTON, FL 33327

## Current Mailing Address:

215 LAKEVIEW DR.  
BLDG. 26 APT. 103  
WESTON, FL 33326

## New Mailing Address:

1602 ORION LANE  
WESTON, FL 33327

FEI Number: 20-8479668

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOTTA, ALAIN  
215 LAKEVIEW DR.  
BLDG. 26 APT. 103  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

MOTTA, ALAIN  
1602 ORION LANE  
WESTON, FL 33327 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: ALAIN MOTTA

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MOTTA, ALAIN  
Address: 215 LAKEVIEW DR. BLDG. 26 APT 103  
City-St-Zip: WESTON, FL 33326

Title: V ( ) Delete  
Name: LONDONO, VANESSA  
Address: 215 LAKEVIEW DR. BLDG. 26 APT 103  
City-St-Zip: WESTON, FL 33326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MOTTA, ALAIN  
Address: 1602 ORION LANE  
City-St-Zip: WESTON, FL 33327

Title: V (X) Change ( ) Addition  
Name: LONDONO, VANESSA  
Address: 1602 ORION LANE  
City-St-Zip: WESTON, FL 33327

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: ALAIN MOTTA

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date