


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90068 015 ***150.00

DOCUMENT # P07000052460

1. Entity Name
INTER-AMERICA WHOLESALE & DISTRIBUTOR, INC.



Principal Place of Business Mailing Address
155 SW 25 ROAD **155 SW 25 ROAD**
MIAMI, FL 33129 **MIAMI, FL 33129**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
14490 SW 162 AVE **14490 SW 162 AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI, FL **MIAMI, FL**
 Zip Country Zip Country
33177 **USA** **33177** **USA**

40000000



04032008 -Chg-P - CR2E034 (12/06)

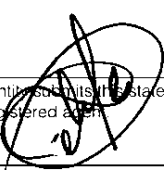
4. FEI Number Applied For
20-8990386 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DE LA TORRIENTE, COSME ESQ.
155 SW 25 ROAD
MIAMI, FL 33129

7. Name and Address of New Registered Agent
 Name **LAZARO F GALLIA**
 Street Address (P.O. Box Number is Not Acceptable)
14490 SW 162 AVE
 City **MIAMI** FL Zip Code **33177**

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

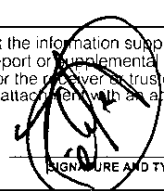
10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JIMENEZ, HERBERT	
STREET ADDRESS	6970 NW 51 ST.	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ALVAREZ, RICARDO	
STREET ADDRESS	6970 NW 51 ST.	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAZARO F GARCIA	
STREET ADDRESS	14490 SW 162 AVE	
CITY-ST-ZIP	MIAMI, FL 33177	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 attached list with an address, with all other like empowered.

SIGNATURE:  Date: **3/26/08** Daytime Phone #: **305-341-1111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR