## FILED Apr 18, 2008 8:00 am Secretary of State 04-18-2008 90041 011 \*\*\*150.00 2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P93000068338

1. Entity Name INTER-AMERICAN EXPORTS & IMPORTS, INC.					04-16	3-2000 90041 0.	11 130	
Principal Place of Business 1927 NW 20 ST MIAMI, FL 33142 US		Mailing Address 1927 NW 20 ST MIAMI, FL 33142 US		·	4007211		HERN ANTON ANTON SA	<b>1</b> // <b>1 1</b> / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address		• .				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04142008 Chg	g-P CR2E0	034 (12/06)	
City & State		City & State			4. FEI Number 65-0440811		<u> </u>	oplied For of Applicable
Zip	Country	Zip	Country		5. Certificate of Status	Desired	\$8.75 Add Fee Require	
ļ	6. Name and Address of Curren	Registered Agent	• ! -		7. Name and Address			
SALAZAR, BLANCA 14998 SW 132ND AVENUE				eet Address (I	P.O. Box Number is Not	Acceptable	ζ	
MIAMI, FL				1584	50 5W 12	51 Ter		
01/ 0			City	M	DNI	FL	Zip Cod	196
8. The above named of the four further 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	Signature: type or printegranie of registered agen	signature required	when reins(ating)	4 DATE	'- /5-a	<u> 28</u>		
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGE		D DIRECTOR	S IN 11_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SALAZAR, BLANCA 14998 SW 132ND AVENUE MIAMI, FL 33186	Delete	TITLE HAME STREET ADDA CITY-ST-ZIP	FIESS 15	RESIDENT	151 TER	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IMAMI, PL 33100	☐ Delete	TITLE NAME STREET ADDR	N/A RESS 15	IDMI, FL E PRESIDE BBO SW ! BBOMI, FL	NANDEZ	☐ Change	Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP	-	☐ Ocletc	TITLE NAME STREET ADDR CITY-ST-ZIP	1			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THTLE NAME STREET ADDI CITY-ST-ZIP	1			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR				□ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete ·	TITLE NAME STREET ADDR CITY-ST-ZIP				☐ Change	☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Charger 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my sanature shall have the same regal 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 reduited by Chapter 607, Fibrida 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.  SIGNATURE: VCCTOR FERNANDEZ  SIGNATURE: VCCTOR FERNANDEZ								
SIGNAT	URE: Vrc/or TEX	PRINTED NAME OF SIGNING OFFICER OF	I V X	VILVE	Date		Daysique Phone #	<u></u>