

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2007 08:00 A
Secretary of State

DOCUMENT # P94000053781

1. Entity Name
INTERHOME INC.



Principal Place of Business

**349 SE 2ND AVE
DEERFIELD BEACH, FL 33441 US**

Mailing Address

**349 SE 2ND AVENUE
DEERFIELD BEACH, FL 33441**



05162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0530363

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GARCIA, CARLOS
10845 NW 46 DR
CORAL SPRING, FL 33076**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STUCKI, ANDRE
STREET ADDRESS	165 SW 18TH AVE
CITY-ST-ZIP	DEERFIELD BEACH, FL
TITLE	EVP
NAME	JORDAN, DOROTHY
STREET ADDRESS	12-201 ROYAL PALM WAY
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/31/07-80008-002 550.00

**DO NOT WRITE
IN THIS SPACE**

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 attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/16/07 954-481-8401