

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90153 038 \*\*\*150.00

**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**

**60051010**



04292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0530363</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6.- Name and Address of Current Registered Agent**

**STUCKI, ANDRE  
165 SW 18TH AVE  
DEERFIELD BEACH, FL 33441**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	D
NAME	STUCKI, ANDRE
STREET ADDRESS	165 SW 18TH AVE
CITY-ST-ZIP	DEERFIELD BEACH, FL

TITLE	D
NAME	STUCKI-KUNZ, CLAUDIA
STREET ADDRESS	165 SW 18TH AVE
CITY-ST-ZIP	DEERFIELD BEACH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *Andre Stucki*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/29/08**