

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000087626	
1. Entity Name INTERAMERICAN CORP.	

Principal Place of Business 7725 W 2ND CT HIALEAH FL 33014 US	Mailing Address 7725 W 2ND CT HIALEAH FL 33014 US
---	---



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

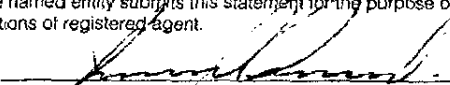
1st MOORE CR2E034 (10/05)

4. FEI Number **65-0541085** Applied for
Not Applied

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

6. Name and Address of Current Registered Agent AVILA, LEO 7725 W 2ND COURT HIALEAH FL 33014		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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  (NOTE: Registered Agent signature required when reconstituting) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May
Trust Fund Contribution. ☐ Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Add
NAME	PINO, MARIO	NAME	
STREET ADDRESS	7725 W 2ND CT	STREET ADDRESS	000000473254
CITY-ST-ZIP	HIALEAH FL 33014	CITY-ST-ZIP	03/31/06-80009-013 150.00
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Add
NAME	AVILA, LEONEL J	NAME	
STREET ADDRESS	7725 W 2ND CT	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33014	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 