


FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90027 001 ***300.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

| | |
|--|---|
| DOCUMENT # P95000037977 1. Entity Name INTERFLORIDA CAPITAL CORPORATION |  |
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|--|--|
| Principal Place of Business 8256 N.W. 30 TERRACE DORAL, FL 33122 | Mailing Address P.O. BOX 02-5201 MIAMI, FL 33102 |
|--|--|

66000360



01152007 No Chg-P CR2E034 (11/05)

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| | |
|---|---------------------------------------|
| 4. FEI Number 65-0643066 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 INTRASTATE REGISTERED AGENT CORP.
 701 BRICKELL AVENUE., SUITE 3000
 MIAMI, FL 33131-3209

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 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

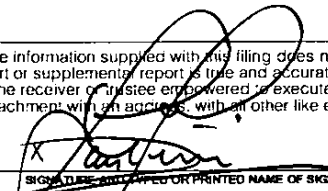
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

511030171

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ZIMERI, LOUIS R. 20 CALLE 10-60, ZONA 10 GUATEMALA CITY, GUATEMALA, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ZIMERI, HILDA M D 20 CALLE 10-60, ZONA 10 GUATEMALA CITY, GUATEMALA, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS CAMPOLLO, LUIS 9411 EAST CALUSA CLUB DRIVE MIAMI, FL 33186 |
| 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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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 supplementary 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 approval with an other like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____