

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

01-24-2007 90027 001 ***300.00

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1. Entity Name
INTERFLORIDA CAPITAL CORPORATION



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)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0643066

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 _____

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

(NOTE: Registered Agent signature required when reissuing)

DATE _____

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 PD
NAME ZIMERI, LOUIS R.
STREET ADDRESS 20 CALLE 10-60, ZONA 10
CITY-ST-ZIP GUATEMALA CITY, GUATEMALA,

TITLE VD
NAME ZIMERI, HILDA M D
STREET ADDRESS 20 CALLE 10-60, ZONA 10
CITY-ST-ZIP GUATEMALA CITY, GUATEMALA,

TITLE DS
NAME CAMPOLLO, LUIS
STREET ADDRESS 9411 EAST CALUSA CLUB DRIVE
CITY-ST-ZIP 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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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 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 #