

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000037977

1. Entry 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**



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0643066

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORP.
701 BRICKELL AVENUE., SUITE 3000
MIAMI, FL 33131-3209**

**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 \$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

U00000829732

02/26/08-80055-002 300.00

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	

**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 reports 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 a person empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #