

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000037977

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: INTERFLORIDA CAPITAL CORPORATION

**Current Principal Place of Business:**

8256 N.W. 30 TERRACE  
DORAL, FL 33122

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 02-5201  
MIAMI, FL 33102

**New Mailing Address:**

FEI Number: 65-0643066

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ZIMERI, LOUIS R.  
Address: 20 CALLE 10-60, ZONA 10  
City-St-Zip: GUATEMALA CITY, GUATEMALA, OC

Title: VD ( ) Delete  
Name: ZIMERI, HILDA M D  
Address: 20 CALLE 10-60, ZONA 10  
City-St-Zip: GUATEMALA CITY, GUATEMALA, OC

Title: DS ( ) Delete  
Name: CAMPOLLO, LUIS  
Address: 9411 EAST CALUSA CLUB DRIVE  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS ZIMERI

PD

01/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date