


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90092 049 \*\*\*150.00

DOCUMENT # **P-97000026914**

1. Entity Name  
**Inter Films USA, Inc.**



**DO NOT WRITE IN THIS SPACE**

**60037425**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3952 S. CONGRESS AVE.**

3. Mailing Address  
**3952 S. CONGRESS AVE.**

Suite, Apt. #, etc.

City & State  
**LAKE WORTH, FL.**

City & State  
**LAKE WORTH, FL.**

Zip  
**33461**

Country  
**USA**

Zip  
**33461**

Country  
**USA**

4. FEI Number **65-0736921**

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current 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 re-issuing)

DATE \_\_\_\_\_

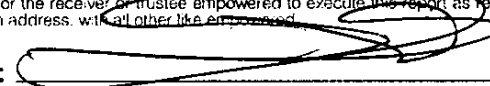
**FEE IS \$61.25**  
**Initial or Amended UBR**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. ALBORNOZ, ANTONIO 3952 S. CONGRESS AVE. LAKE WORTH, FL. 33461</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. BRITOS, FEDERICO 3952 S. CONGRESS AVE. LAKE WORTH, FL. 33461</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like entries.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **05/03/06**

Use of Phone # **(561) 968-6868**

CR2E037B (12/02)