


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000082643 1. Entity Name INTERAMERICAN BUSINESS CENTER, INC.	
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Principal Place of Business 2700 W. ATLANTIC BLVD. 200-41 POMPANO BEACH, FL 33069	Mailing Address 2700 W. ATLANTIC BLVD. 200-41 POMPANO BEACH, FL 33069
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DO NOT WRITE IN THIS SPACE



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0945891	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CERINO, MARTHA 930 SE 10TH COURT POMPANO BEACH, FL 33060	DO NOT WRITE IN THIS SPACE
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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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CERINO, MARTHA 930 SE 10TH COURT POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELNARDO, MARITZA 930 SE 10TH COURT POMPANO BEACH, FL 33060
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04/22/04-80082-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 address, with all other like empowered.

SIGNATURE: Martina Cerino 4/19/04 9549719954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #