


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jun 02, 2004 08:00 AM
Secretary of State

DOCUMENT # V50229
 1. Entity Name
INTERFARMA CORP.



Principal Place of Business Mailing Address
 12981 SW 132 CT. 12981 SW 132 CT.
 MIAMI, FL 33186 MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE



05052004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0340317 Not Applicable

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

5. Name and Address of Current Registered Agent

CASTILLO, RIDEL B.
 11845 SW 125TH COURT
 MIAMI, FL 33186

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when recertifying)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTILLO, RIDEL B. 12981 SW 132 CT. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASTILLO, PATRICIA 12981 SW 132 CT. MIAMI, FL 33186
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800000158977 — *A.H*
 05/18/04-80010-010 150.00

100000161930
 06/02/04-80002-008 150.00

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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)(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: *Patricia Castillo, VP* *5/5/04* *305-2357595*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #