2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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Mar 21, 2006 8:00 am Secretary of State DOCUMENT # v50229 1. Entity Name 02-27-2006 90091 047 ***150.00 INTERFARMA CORP. Principal Place of Business Mailing Address 12981 SW 132 CT. MIAMI FL 33186 12981 SW 132 CT. MIAM! FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0340317 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CASTILLO, RIDEL B. Street Address (P.O. Box Number is Not Acceptable) 11845 SW 125TH COURT **MIAMI FL 33186** City 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. (NOTE: Registered Agent ingreture resurred when roinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 ☐ Delete TIPLE Change Addition TUTLE CASTILLO, RIDEL B. NAME NAME 12981 SW 132 CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY - ST - 21P TITLE Delete TITLE ☐ Change ☐ Addilion CASTILLO, PATRICIA NAME NAME STREET ADDRESS 12981 SW 132 CT. STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 fiti f ☐ Addition ☐ Detete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DUE ☐ Channe ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TATLE NAME STATE STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 employered 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 adoptes, with all other like employwered.

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