


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

| | |
|---|---|
| DOCUMENT # V50229 1. Entity Name INTERFARMA CORP. |  |
|---|---|

FILED
Sep 09, 2008 08:00 AM
Secretary of State



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|---|---|
| Principal Place of Business 12981 SW 132 CT. MIAMI FL 33186 | Mailing Address 12981 SW 132 CT. MIAMI FL 33186 |
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|---|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #. etc. | 3. Mailing Address Suite, Apt. #. etc. | 4. FEI Number 65-0340317 Applied For <input type="checkbox"/> Not Applicable |
| City & State | City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip Country | Zip Country | 2nd MOORE CR2E034 (4/08) |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent CASTILLO, RIDEL B. 11845 SW 125TH COURT MIAMI FL 33186 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 reinstating)

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| FILE NOW!!! FEE IS \$550.00 DUE BY September 3, 2008 Make Check Payable to Florida Department of State | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------------------|
| TITLE | P <input type="checkbox"/> Delete |
| NAME | CASTILLO, RIDEL B. |
| STREET ADDRESS | 12981 SW 132 CT. |
| CITY-ST-ZIP | MIAMI FL 33186 |
| TITLE | VP <input type="checkbox"/> Delete |
| NAME | CASTILLO, PATRICIA |
| STREET ADDRESS | 12981 SW 132 CT. |
| CITY-ST-ZIP | MIAMI FL 33186 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | U00000959283 |
| CITY-ST-ZIP | 09/09/08-80004-018 550.00 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Sascello* 9/12/08 305-2357595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR