

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000020697

**FILED  
Feb 26, 2014  
Secretary of State  
CC1647052576**

**Entity Name:** INTEREALTY EXCHANGE INC

**Current Principal Place of Business:**

520 WEST AVE  
COMMERCIAL 2  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

520 WEST AVE  
COMMERCIAL 2  
MIAMI BEACH, FL 33139 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OLIVIERI, FEDERICO  
520 WEST AVE  
COMMERCIAL 2  
MIAMI BEACH, FL 33139 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name OLIVIERI, FEDERICO  
Address 520 WEST AVE  
COMMERCIAL 2  
City-State-Zip: MIAMI BEACH FL 33139

Title VP  
Name CONSOLE, CLAUDIO  
Address 520 WEST AVE  
COMMERCIAL 2  
City-State-Zip: MIAMI BEACH FL 33139

Title VP  
Name FERRETTI, EDOARDO  
Address 520 WEST AVE  
COMMERCIAL 2  
City-State-Zip: MIAMI BEACH FL 33139

Title VP  
Name VILLELLA, ORLANDO  
Address 520 WEST AVE  
COMMERCIAL 2  
City-State-Zip: MIAMI BEACH FL 33139

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ORLANDO VILLELLA

VP

02/26/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date