


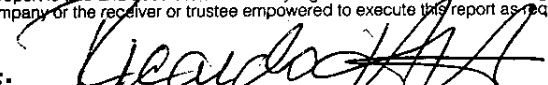


FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90059 050 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L01000003765 1. Entity Name AMERINTER TRAVEL, LLC		
Principal Place of Business 2638 NORTH ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34744 US		Mailing Address 2638 NORTH ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34744 US
2. Principal Place of Business 7061 GRAND NATIONAL DR Suite, Apt. #, etc. 105 R	3. Mailing Address 1703 DESTINY BLVD Suite, Apt. #, etc. 101	24060151 
City & State ORLANDO, FL	City & State KISSIMMEE, FL	4. FEI Number 59-3702347
Zip 32819	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent HERNANDEZ, RICARDO H 1703 DESTINY BLVD. #101 KISSIMMEE, FL 34741	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	04212004 Chg-LLC CR2E083 (10/03)
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 _____		
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE PD NAME HERNANDEZ, RICARDO H <input type="checkbox"/> Delete STREET ADDRESS 1703 DESTINY BLVD. #101 CITY-ST-ZIP KISSIMMEE, FL 34741	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VD NAME LONIGRO, MARIA B <input type="checkbox"/> Delete STREET ADDRESS 1703 DESTINY BLVD. #101 CITY-ST-ZIP KISSIMMEE, FL 34741	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME BORNERO DE LONIGRO, GIOVANNA <input type="checkbox"/> Delete STREET ADDRESS 1703 DESTINY BLVD. #101 CITY-ST-ZIP KISSIMMEE, FL 34741	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME LONIGRO, RINA B <input type="checkbox"/> Delete STREET ADDRESS 1703 DESTINY BLVD. #101 CITY-ST-ZIP KISSIMMEE, FL 34741	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete 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"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date _____ Daytime Phone # _____