


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000003765
 1. Entity Name
 AMERINTER TRAVEL, LLC



Principal Place of Business 7061 GRAND NATIONAL DR SUITE 142 ORLANDO, FL 32819 US	Mailing Address 1703 DESTIN BLVD 101 KISSIMMEE, FL 34741 US
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DO NOT WRITE IN THIS SPACE



04202005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3702347	Applied For Not Applicable
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

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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)

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, RICARDO H 1703 DESTINY BLVD. #101 KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LONIGRO, MARIA B 1703 DESTINY BLVD. #101 KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORNERO DE LONIGRO, GIOVANNA 1703 DESTINY BLVD. #101 KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONIGRO, RINA B 1703 DESTINY BLVD. #101 KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/26/05-80037-005 50.00

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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: Ricardo Hernandez 04/20/05 (407) 447 9404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #