


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90203 046 ***150.00

DOCUMENT # 850527
1. Entity Name
Interamericana Transport Industries, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6205 Blue Lagoon Drive Suite, Apt. #, etc. 400 City & State Miami, Florida Zip 33126		3. Mailing Address 6205 Blue Lagoon Drive Suite, Apt. #, etc. 400 City & State Miami, Florida Zip 33126	
Country US		Country US	

V
40081779

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2121526	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road

City
Plantation FL Zip Code
33324

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 registering) _____ DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Hinke, Olav 5400 SW 105th Street, Miami, FL33156	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D Hinke, Eva 5400 SW 105th Street, Miami, FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Bernal-Carlo, Ruth 12081 Ashford Lane, Davie, FL 33325	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D Hinke, Ian 6340 SW 25th Street, Miami, FL 33155	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D Hinke, Ellen 701 Minorca Avenue, Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ruth Bernal-Carlo Ruth Bernal-Carlo 04/18/07 305-266-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR200308 (12/02)