

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850527

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: INTERAMERICANA TRANSPORT INDUSTRIES, INC.

## Current Principal Place of Business:

6205 BLUE LAGOON DRIVE  
400  
MIAMI, FL 33126 US

## New Principal Place of Business:

## Current Mailing Address:

6205 BLUE LAGOON DRIVE  
400  
MIAMI, FL 33126 US

## New Mailing Address:

FEI Number: 59-2121526      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HINKE, OLAV,  
Address: 5400 SW 105TH ST  
City-St-Zip: MIAMI FL,

Title: TD ( ) Delete  
Name: HINKE, EVA,  
Address: 5400 SW 105 ST.  
City-St-Zip: MIAMI, FL

Title: SD ( ) Delete  
Name: BERNAL-CARLO, RUTH  
Address: 12081 ASHFORD LN  
City-St-Zip: DAVIE, FL 33325

Title: VD ( ) Delete  
Name: HINKE, IAN  
Address: 1638 S BAYSHORE CT UNIT 201  
City-St-Zip: MIAMI, FL 33133

Title: S ( ) Delete  
Name: HINKE, ELLEN  
Address: 701 MINORCA AVE  
City-St-Zip: MIAMI, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RUTH BERNAL-CARLO

SD

01/08/2008

Electronic Signature of Signing Officer or Director

Date