

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850527

FILED
Jan 22, 2009
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: SD (X) Change () Addition
Name: BERNAL-CARLO, RUTH
Address: 13720 CARLTON DRIVE
City-St-Zip: DAVIE, FL 33330

Title: VD (X) Change () Addition
Name: HINKE, IAN
Address: 6340 SW 25 STREET
City-St-Zip: MIAMI, FL 33155

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

SD

01/22/2009

Electronic Signature of Signing Officer or Director

_____ Date