

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006322

FILED
Feb 16, 2009
Secretary of State

Entity Name: INTER-JET OCEAN TRANSPORT, INC.

Current Principal Place of Business:

5 HIGH RIDGE PARK
STAMFORD, CT 06905

New Principal Place of Business:

Current Mailing Address:

5 HIGH RIDGE PARK
STAMFORD, CT 06905

New Mailing Address:

FEI Number: 11-3330009 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR STE 4
WESTON, FL 33331 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: C () Delete
Name: HARTONG, HENDRIK J JR
Address: 5 HIGH RIDGE PARK
City-St-Zip: STAMFORD, CT 06905

Title: VC () Delete
Name: HARTNETT, KEVIN
Address: 5 HIGH RIDGE PARK
City-St-Zip: STAMFORD, CT 06905

Title: D () Delete
Name: LACCONA, GIORGIO
Address: 5 HIGH RIDGE PARK
City-St-Zip: STAMFORD, CT 06905

Title: P () Delete
Name: DIAZONA, MIGDALLA
Address: 5 HIGH RIDGE PARK
City-St-Zip: STAMFORD, CT 06905

Title: VP () Delete
Name: LEMBO, STEVEN
Address: 5 HIGH RIDGE PARK
City-St-Zip: STAMFORD, CT 06905

Title: S () Delete
Name: ALTMAN, RICHARD
Address: 5 HIGH RIDGE PARK
City-St-Zip: STAMFORD, CT 06905

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:

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: MARK ATZBI

CFO

02/16/2009

Electronic Signature of Signing Officer or Director

_____ Date