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

DO NOT WRITE IN THIS SPACE

04202005No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3702347

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

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

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