## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000134560

City-St-Zip:

MIAMI, FL 33196

FILED May 01, 2006 Secretary of State

Entity Name: AMERICAN INTERSTATE CARRIER INC					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
9630 SW 150TH ST. MIAMI, FL 33196 US				9630 SW 150TH PLACE MIAMI, FL 33196 US	
Current Ma	ailing Addres	s:	New Mailing Address	New Mailing Address:	
9630 SW 1 MIAMI, FL			9630 SW 150 TH PLAC MIAMI, FL 33196 US		
FEI Number:	50-0008492	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
LONDONO, SAUL F 10645 HAMMOCKS BLVD 711 MIAMI, FL 33196 US				9630 SW 150 TH PLACE	
The above in the State		ubmits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE: LONDONO, SAUL,F				05/01/2006	
	Electroni	ic Signature of Registered Ager	nt	Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () LONDONO, SAU 9630 SW 150TH MIAMI, FL 3319	I PLACE	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD () ESCOBAR, DIAI 9630 SW 150TH MIAMI, FL 3319	I PLACE	Title: ( Name: Address: City-St-Zip:	)Change ()Addition	
Title: Name: Address:	D () BONET, PAOLA 9630 SW 150TH		Title: ( Name: Address:	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: LONDONO, SAUL, F PD 05/01/2006