


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000070399</b>	
1. Entity Name INTRANSIT SERVICES INC.	

Principal Place of Business 6332 NW 97 AVENUE DORAL, FL 33178 US	Mailing Address 6332 NW 97 AVENUE DORAL, FL 33178 US
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**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0521998	Applied For Not Applicable
5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BOTIFOLL, ERNESTO R  
6332 NW 97 AVE  
DORAL, FL 33178

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BOTIFOLL, ERNESTO 6332 NW 97 AVE DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOTIFOLL, ERNESTO R 11332 SW 69 TERR MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PIMBERT, FABRICE 100 35 NW 44 TERR #303 DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/05/07-80007-014 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Ernesto R Botifoll (PSD) 1/3/07 305-591-7590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #