## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Feb 09, 2006 08:00 AN **DOCUMENT #242021 Secretary of State** 1. Entity Name KIRSTEN TRAVEL AGENCY, INC. Principal Place of Business Mailing Address 2857 SW 27 AVE 2857 SW 27 AVE MIAMI, FL 33133-0792 MIAMI, FL 33133-0792 CR2E034 (11/05) 01052006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-0916487 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DE CARDENAS, RAMIRO JR. DO NOT WRITE 7711 ALTAMIRA CORAL GABLES, FL 33143 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 Signature, typed or printed name of registered agent and site if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME DECARDENAS JR, RAMIRO 7711 ALTAMIRA STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL U00000426485 TITLE 02/20/06-80046-003 150.00 NAME STREET ADDRESS CITY - ST - 7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 attackment with on address, with all other like empowered.

SIGNATURE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #