


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # 456248

1. Entity Name
TRAVEL ACCESSORIES, INC.



Principal Place of Business
6950 NW 77 CT
MIAMI, FL 33166 US

Mailing Address
P.O. BOX 520687
MIAMI, FL 33152 US

DO NOT WRITE IN THIS SPACE



03162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1548183	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TERNER, SALOMON
6950 NW 77TH CT
MIAMI, FL 33166

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D TERNER, SALOMON 6950 NW 77 CT MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAPIR, ROSA TERNER 6950 NW 77 CT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TERNER, SALOMON 6950 NW 77 CT MIAMI, FL 33176
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/13/07-80014-008 150.00

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:  **3/27/07** **305-266-9000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #