


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 08:00 AM**  
**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



01172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 59-1548183  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 TERNER, SALOMON  
 6950 NW 77TH CT  
 MIAMI, FL 33166

**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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

U00000830207  
 02/26/08-80074-007 150.00  
**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: \_\_\_\_\_  
 \_\_\_\_\_ DATE: 2/18/08 DAYTIME PHONE: 305 266 9000