

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 556670

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: TRAVEL CONNECTION, INC.

**Current Principal Place of Business:**

9380 SUNSET DRIVE  
SUITE B210  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

9380 SUNSET DRIVE  
SUITE B210  
MIAMI, FL 33173

**New Mailing Address:**

FEI Number: 59-1788232      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAVEN, LENORE S.  
8124 SW 81 TERRACE  
MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: TRAKTMAN, GERALD,  
Address: 1643 BRICKELL AVE #2102  
City-St-Zip: MIAMI, FL 33125

Title: P ( ) Delete  
Name: RAVEN, LENORE S.,  
Address: 8124 SW 81 TERRACE  
City-St-Zip: MIAMI, FL 33143

Title: V ( ) Delete  
Name: FADER, ALBERT E.,  
Address: 650 PARK AVENUE  
City-St-Zip: NEW YORK, NEW YORK 00000,

Title: V ( ) Delete  
Name: RAVEN, ALAN,  
Address: 8124 SW 81 TERRACE  
City-St-Zip: MIAMI, FL 33143

Title: SD (X) Delete  
Name: MATZ, SAMUEL V.,  
Address: 8380 SW 154TH TERRACE  
City-St-Zip: MIAMI, FL 00000,

Title: V ( ) Delete  
Name: SAYOC, MADELINE,  
Address: 1170 NE 170TH STREET  
City-St-Zip: MIAMI, FL 00000,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: LENORE S. RAVEN

P

04/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date