


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 578702
 1. Entity Name
SUNBURST TRAVEL, INC.



Principal Place of Business Mailing Address
 2525 NORTH HIATUS ROAD 2525 NORTH HIATUS ROAD
 COOPER CITY, FL 33026 COOPER CITY, FL 33026

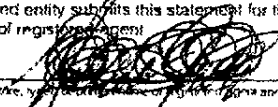
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02232004 No Chg-P CR2E034 (10/03)
 4. FEI Number 59-1843031 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
 GEWIRTZ, NORMAN
 12954 NW 18TH MANOR
 PEMBROKE PINES, FL 33028

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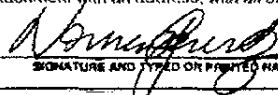
9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registration agent.
 SIGNATURE:  DATE: _____
Signature, by the officer or director of the corporation and the applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PD GEWIRTZ, NORMAN 12954 NW 18TH MANOR PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS GEWIRTZ, SYLVIA 12954 NW 18TH MANOR PEMBROKE PINES, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **NORMAN GEWIRTZ** 3/12/04 (954) 431-7771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #