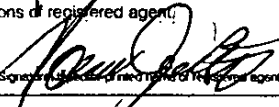


FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90057 014 ***150 00

DOCUMENT # 578702 1. Entity Name SUNBURST TRAVEL, INC.				Secretary of State 04-04-2005 90057 014 ***150.00	
Principal Place of Business 2525 NORTH HIATUS ROAD COOPER CITY, FL 33026		Mailing Address 2525 NORTH HIATUS ROAD COOPER CITY, FL 33026			
2. Principal Place of Business 9131 TAFT STREET Suite, Apt. #, etc.		3. Mailing Address 9131 TAFT Street Suite, Apt. #, etc.			
City & State Pembroke Pines FL.		City & State Pembroke Pines FL.		01132005 Chg-P CR2E034 (10/03)	
Zip 33024		Country U.S.		4. FEI Number 59-1843031	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GEWIRTZ, NORMAN 12954 NW 18TH MANOR PEMBROKE PINES, FL 33028		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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:  NORMAN GEWIRTZ 4/01/05 (NOTE: Registered Agent signature required when reissuing) DATE					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
NAME STREET ADDRESS CITY-ST-ZIP GEWIRTZ, NORMAN 12954 NW 18TH MANOR PEMBROKE PINES, FL		NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP DVS GEWIRTZ, SYLVIA 12954 NW 18TH MANOR PEMBROKE PINES, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition			
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		4/01/05 954-431-7771 Date Daytime Phone #			