

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 694953

FILED  
Jan 13, 2004  
Secretary of State

Entity Name: TRAVEL DEPOT, INC.

**Current Principal Place of Business:**

11880 BIRD ROAD  
SUITE 114  
MIAMI, FL 33175 US

**New Principal Place of Business:**

**Current Mailing Address:**

11880 BIRD ROAD  
SUITE 114  
MIAMI, FL 33175 US

**New Mailing Address:**

FEI Number: 59-2111669      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NUNEZ, MARIA MANGAS  
10522 SW 145 CT  
MIAMI, FL 33186 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: PM ( ) Delete  
Name: MANGAS NUNEZ, MARIA,  
Address: 10522 SW 145 COURT  
City-St-Zip: MIAMI, FL 33186

Title: VD ( ) Delete  
Name: NUNEZ, MODESTO,  
Address: 10522 SW 145 COURT  
City-St-Zip: MIAMI, FL 33186

Title: S ( ) Delete  
Name: NUNEZ, LOURDES,  
Address: 9347 SW 145 PLACE  
City-St-Zip: MIAMI, FL 33186

Title: T ( ) Delete  
Name: NAVARRO, LOURDES M  
Address: 55 SAMANA DR  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete  
Name: BEIRO, TERESITA  
Address: 10223 SW 17 ST.  
City-St-Zip: MIAMI, FL 33165

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARIA MANGAS NUNEZ

PM

01/13/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date