

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000005846

1. Entity Name
TRANSAT TOURS CANADA, INC.



FILED
04 JUL 26 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 140 S FEDERAL HIGHWAY DANIA, FL 33004	Mailing Address 140 S FEDERAL HIGHWAY DANIA, FL 33004
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07152004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 98-0175853		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CESARE, LINA D			NAME	Nelson Gentiletti		
STREET ADDRESS	791 DE LA COMMUNE ST E #412			STREET ADDRESS	748 Salaberry		
CITY-ST-ZIP	MONTREAL, QUEBEC, h2y 4a2			CITY-ST-ZIP	Kirkland, Quebec H9H 5H9		
TITLE	D	<input type="checkbox"/> Delete		TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUREAU, PHILIPPE			NAME	Philippe Sureau		
STREET ADDRESS	3200 TRAFALGAR AVE			STREET ADDRESS	12 Pghuelo		
CITY-ST-ZIP	WESTMOUNT, QUEBEC, h3y 1h7			CITY-ST-ZIP	Outremont, Quebec H9H 3B9		
TITLE	DEAC Vice President	<input type="checkbox"/> Delete		TITLE	Minis President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GODOBOUT, DANIEL			NAME	Denis Petrin		
STREET ADDRESS	555 RAPIDE PLAT NORD			STREET ADDRESS	32 De Maintenon		
CITY-ST-ZIP	ST HYACINTHE, QUEBEC, CANADA, j2s 8b1			CITY-ST-ZIP	Blainville, Quebec J7B 1M6		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MAHEU, LORRAINE			NAME	Taawfiq Nakhleh		
STREET ADDRESS	7335 MIGRAUZ PLACE			STREET ADDRESS	974 West Queens Road		
CITY-ST-ZIP	BENSSARD, QUEBEC, j4y185			CITY-ST-ZIP	North Vancouver, British Columbia V7R1H4		
TITLE	AS	<input type="checkbox"/> Delete		TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHARYSZ, AGNIESZKA			NAME	Sophie Audet		
STREET ADDRESS	4476 ST CATHERINE WEST #304			STREET ADDRESS	5725 Notre-Dame-De-Grace Avenue		
CITY-ST-ZIP	WESTMOUNT, QUEBEC, CANADA, h3z 1r7			CITY-ST-ZIP	Montreal, Quebec H4A 1M2		
TITLE	DC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EUSTACHE, JEAN-MARC			NAME			
STREET ADDRESS	18 HAZELWOOD			STREET ADDRESS			
CITY-ST-ZIP	OUTREMONT, QUEBEC, CANADA, h3t 1r3			CITY-ST-ZIP			

300039529313

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: Agnieszka Charysz 2004/07/20 (514) 987-1660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 820397 4336650

AUTHORIZATION : *Patricia Pignato*

COST LIMIT : \$ 550.00

ORDER DATE : July 26, 2004

ORDER TIME : 11:21 AM

ORDER NO. : 820397-005

CUSTOMER NO: 4336650

CUSTOMER: Ms. Michelle E. Smith
Baker & Mckenzie
Suite 1700
1111 Brickell Avenue
Miami, FL 33131

ANNUAL REPORT FILING

NAME: TRANSAT TOURS CANADA, INC.

RECEIVED
07 JUL 26 PM 12:44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#2935

EXAMINER'S INITIALS: _____