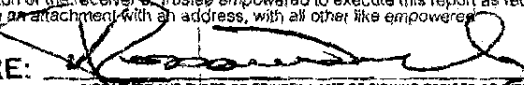


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # M26262		
1. Entity Name THE TRAVEL CLUB, INC.		
Principal Place of Business 1425 PONCE DE LEON BLVD CORAL GABLES, FL 33134 US	Mailing Address 1425 PONCE DE LEON BLVD CORAL GABLES, FL 33134 US	
DO NOT WRITE IN THIS SPACE		
4. FEI Number 59-2630485		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fees Required
6. Name and Address of Current Registered Agent		
MELENDEZ, ROSSANNA 1425 PONCE DE LEON BLVD CORAL GABLES, FL 33134		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
		U00000401077 02/02/06-80030-001 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MELENDEZ, ROSSANNA 1425 PONCE DE LEON BLVD CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARVAREZ, ALEXANDRA 1425 PONCE DE LEON CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowerments.		
SIGNATURE: 		Jan 16/06 905-774-0040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #