

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000061318

FILED
Apr 01, 2009
Secretary of State

Entity Name: PMC TRAVEL MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

4904 SW 158TH WAY
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

4904 SW 158TH WAY
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 65-1019457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIRINO, PATRICIA M
4904 SW 158TH WAY
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

SALAZAR, PATRICIA M
4904 SW 158TH WAY
MIRAMAR, FL 33027 US

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: PATRICIA M SALAZAR

04/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: CHIRINO, PATRICIA M
Address: 4904 SW 158TH WAY
City-St-Zip: MIRAMAR, FL 33027

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: SALAZAR, PATRICIA M
Address: 4904 SW 158TH WAY
City-St-Zip: MIRAMAR, FL 33027

Title: VP () Change (X) Addition
Name: QUINTERO, CESAR A
Address: 4904 SW 158TH WAY
City-St-Zip: MIRAMAR, FL 33027 US

Title: MGR () Change (X) Addition
Name: SALAZAR, YOLANDA
Address: 4904 SW 158TH WAY
City-St-Zip: MIRAMAR, FL 33027 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CESAR A QUINTERO

VP

04/01/2009

Electronic Signature of Signing Officer or Director

Date