

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000067519

FILED  
May 17, 2004  
Secretary of State

Entity Name: PRESTIGE TRAVEL SYSTEMS, INC.

## Current Principal Place of Business:

4802 GUNN HWY  
TAMPA, FL 33624

## New Principal Place of Business:

4802 GUNN HWY  
SUITE 141  
TAMPA, FL 33624

## Current Mailing Address:

4802 GUNN HWY  
TAMPA, FL 33624

## New Mailing Address:

4802 GUNN HWY  
SUITE 141  
TAMPA, FL 33624

FEI Number: 59-3660366

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LASCALA, ANITA  
4802 GUNN HWY SUITE 141  
TAMPA, FL 33624 US

## Name and Address of New Registered Agent:

LASCALA, ANITA  
4802 GUNN HWY  
SUITE 141  
TAMPA, FL 33624 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: \_\_\_\_\_

05/17/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LASCALA, RON  
Address: 4802 GUNN HIGHWAY #141  
City-St-Zip: TAMPA, FL 33624

Title: VPST ( ) Delete  
Name: LASCALA, ANITA  
Address: 4802 GUNN HIGHWAY #141  
City-St-Zip: TAMPA, FL 33624

Title: VP ( ) Delete  
Name: LASCALA-DETORE, KIMBERLY  
Address: 4802 GUNN HIGHWAY, #141  
City-St-Zip: TAMPA, FL 33624

## 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:

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: ANITA LASCALA

VPST

05/17/2004

Electronic Signature of Signing Officer or Director

Date