

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000067519

FILED  
Feb 18, 2011  
Secretary of State

**Entity Name:** PRESTIGE TRAVEL SYSTEMS, INC.

**Current Principal Place of Business:**

4802 GUNN HWY  
SUITE 158  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

4802 GUNN HWY  
SUITE 158  
TAMPA, FL 33624

**New Mailing Address:**

**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 158  
TAMPA, FL 33624 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LASCALA, RON  
Address: 4802 GUNN HIGHWAY #158  
City-St-Zip: TAMPA, FL 33624

Title: VPSD  
Name: LASCALA, ANITA  
Address: 4802 GUNN HIGHWAY #158  
City-St-Zip: TAMPA, FL 33624

Title: VPD  
Name: LASCALA-DETORE, KIMBERLY  
Address: 4802 GUNN HIGHWAY, #158  
City-St-Zip: TAMPA, FL 33624

I hereby 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 all other like empowered.

SIGNATURE: ANITA LASCALA

VP

02/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date