


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000052639

1. Entity Name
WESTON TRAVEL SERVICES, CORP.



Principal Place of Business Mailing Address

1730 MAIN STREET SUITE 202 1730 MAIN STREET SUITE 202
 WESTON, FL 33326 WESTON, FL 33326

DO NOT WRITE IN THIS SPACE



03202003 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-1106726 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, GLADYS
 1730 MAIN STREET SUITE 202
 WESTON, FL 33326

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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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, GLADYS 1730 MAIN STREET SUITE 202 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARTINEZ, LUIS EDUARDO 1730 MAIN STREET SUITE 202 WESTON, FL 33326
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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: *[Signature]* Date: *May 25/04* Daytime Phone #: *934 389 0222*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR