

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000066904

FILED
Jan 12, 2004
Secretary of State

Entity Name: AIR TRANSAT HOLIDAYS USA, INC.

Current Principal Place of Business:

140 S. FEDERAL HIGHWAY
2ND FLOOR
DANIA, FL 33004 US

New Principal Place of Business:

Current Mailing Address:

140 S. FEDERAL HIGHWAY
2ND FLOOR
DANIA, FL 33004 US

New Mailing Address:

FEI Number: 65-0441299 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DECESARE, LINA
Address: C.P. 2120, SUCC. PLACE DU PARC
City-St-Zip: MONTREAL (QUEBEC) CANADA, H2W 2P6 CA

Title: D () Delete
Name: GODBOUT, DANIEL
Address: C.P. 2120 SUCC. PLACE DU PARC
City-St-Zip: MONTREAL, QUEBEC, CA H2W2P6

Title: O () Delete
Name: LAMOTHE, NATHALIE
Address: 140 S FEDERAL HIGHWAY
City-St-Zip: DANIA, FL 33004

Title: O () Delete
Name: CHARYSZ, AGNIESZKA
Address: C.P. 2120 SUCC. PLACE DU PARC
City-St-Zip: MONTREAL, QUEBEC, CA H2W2P6

Title: O () Delete
Name: AUDET, SOPHIE
Address: C.P. 2120 SUCC. PLACE DU PARC
City-St-Zip: MONTREAL, QUEBEC, CA H2W-26

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:

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: NATHALIE LAMOTHE

O

01/12/2004

Electronic Signature of Signing Officer or Director

_____ Date