2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000066904

Address:

Entity Name: TRANSAT HOLIDAYS USA, INC.

FILED Feb 02, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
140 S. FEDERAL HIGHWAY 2ND FLOOR DANIA, FL 33004 US				140 S. FEDERAL HIGHWAY 2ND FLOOR DANIA BEACH, FL 33004 US	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
140 S. FEDERAL HIGHWAY				140 S. FEDERAL HIGHWAY	
2ND FLOOR DANIA, FL 33004 US		2ND FLOOR DANIA BEACH, FL 33004 US			
FEI Number	: 65-0441299	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of C	Current Registered Agent:	Name and Address of	f New Registered Agent:	
1201 HAY	ATION SERVIO S STREET SSEE, FL 323				
	e named entity : e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both	
SIGNATU	RE:				
	Electror	nic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	DECESARE, LI C.P. 2120, SUC) Delete NA CC. PLACE DU PARC UEBEC) CANADA, H2W 2P6 CA	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GODBOUT, DA C.P. 2120 SUC) Delete NIEL C. PLACE DU PARC UEBEC, CA H2W2P6	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	O () LAMOTHE, NAT 140 S FEDERA DANIA, FL 330	L HIGHWAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CHARYSZ, AGI C.P. 2120 SUC) Delete NIESZKA C. PLACE DU PARC NUEBEC, CA H2W2P6	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	O ()) Delete	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: NATHALIE LAMOTHE O 02/02/2005

C.P. 2120 SUCC. PLACE DU PARC

City-St-Zip: MONTREAL, QUEBEC, CA H2W-26