

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000066904

FILED  
Feb 02, 2005  
Secretary of State

Entity Name: TRANSAT HOLIDAYS USA, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

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

## Current Mailing Address:

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

## New Mailing Address:

140 S. FEDERAL HIGHWAY  
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 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

02/02/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date