


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90017 007 ***150.00

DOCUMENT # P95000026700

1. Entity Name
TRADE CIRCLE TRAVEL, INC.



Principal Place of Business Mailing Address

8405 N.W. 66TH STREET 8405 N.W. 66TH STREET
 MIAMI, FL 33166 MIAMI, FL 33166

44001001



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03232004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0581542 Not Applicable

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

6. Name and Address of Current Registered Agent

BOBROFF, JERRY B
8405 NW 66 ST.
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ASH, HYMAN I	
STREET ADDRESS	RR 2 PO BOX 9902	
CITY-ST-ZIP	KINGSHILL ST CROIX, VI 00850	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RICHARD KANDARIAN	
STREET ADDRESS	RR 2 PO BOX 9902	
CITY-ST-ZIP	KINGSHILL ST CROIX, VI 00850	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PETER FIELD	
STREET ADDRESS	R R 2 P O BOX 992	
CITY-ST-ZIP	KINGSHILL ST CROIX, VI 00850	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8405 NW 66TH STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1863 LARCHWOOD	
CITY-ST-ZIP	TROY MI 48083	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Jerry B. Bobroff*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-04 -305-592 7777
 Date Daytime Phone #