

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S79470

FILED
Apr 11, 2005
Secretary of State

Entity Name: BEACON CENTER TRAVEL, INC.

Current Principal Place of Business:

8339 NW 12 STREET
MIAMI, FL 31265

New Principal Place of Business:

7950 NW 53 ST
SUITE 101
MIAMI, FL 33166

Current Mailing Address:

8339 NW 12 STREET
MIAMI, FL 31265

New Mailing Address:

7950 NW 53 ST
SUITE 101
MIAMI, FL 33166

FEI Number: 65-0283606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TRUJILLO, LISSETTE
8426 NW 1ST TERRACE
MIAMI, FL 33126 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: PDTD () Delete
Name: TRUJILLO, LISSETTE,
Address: 8426 NW 1ST STREET
City-St-Zip: MIAMI, FL 33126

Title: VDS () Delete
Name: TRUJILLO, LILIANA,
Address: 8426 NW 1ST STREET
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TRUJILLO, LISSETTE

PDTD

04/11/2005

Electronic Signature of Signing Officer or Director

_____ Date