₹. 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Mar 02, 2004 8:00 am Secretary of State DOCUMENT # P00000020191 1. Entity Name 03-02-2004 90019 039 ***150.00 RUTH DIAMOND TRAVEL, INC. Principal Place of Business Mailing Address 6159 HEATHER ST. JUPITER FL 33458 6159 HEATHER ST. JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address 19159 Healther ST Same Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number City & State Applied For 65-1008479 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAP, JEFFREY-Street Address (P.O. Box Number is Not Acceptable) 341 WEST INDIANTOWN RD. JUPITER FL 33458 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulard when reinstation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME DIAMOND, RUTH NAME 6159 HEATHER STREET STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP **VPS** ☐ Delete Change ☐ Addition Howard Schneider SCHNEIDER, HOWARD STREET ADDRESS 1606 16TH WAY STREET ADDRESS 150 FAST TALL DALS CITCLE PHUM BEACH GARdens # WEST PALM BEACH FL 33407 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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.

FILED