

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000067519

**Entity Name:** PRESTIGE TRAVEL SYSTEMS, INC.

**FILED**  
**Feb 01, 2013**  
**Secretary of State**  
**CC0639654474**

**Current Principal Place of Business:**

4802 GUNN HWY  
SUITE 158  
TAMPA, FL 33624

**Current Mailing Address:**

4802 GUNN HWY  
SUITE 158  
TAMPA, FL 33624

**FEI Number: 59-3660366**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

EVANS, PAMELA  
4802 GUNN HWY  
SUITE 158  
TAMPA, FL 33624 US

*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

**Officer/Director Detail :**

Title VP  
Name CLEARY, LENA C  
Address 4802 GUNN HWY  
City-State-Zip: TAMPA FL 33624

Title VP  
Name KROSLAK, AMARIS  
Address 4802 GUNN HWY  
City-State-Zip: TAMPA FL 33624

Title VPD  
Name LASCALA-DETORE, KIMBERLY  
Address 4802 GUNN HIGHWAY, #158  
City-State-Zip: TAMPA FL 33624

Title ST  
Name EVANS, PAMELA  
Address 4802 GUNN HIGHWAY, #158  
City-State-Zip: TAMPA FL 33624

Title PD  
Name LASCALA, RON L  
Address 4802 GUNN HWY STE 158  
City-State-Zip: TAMPA FL 33624

Title VPD  
Name LASCALA, ANITA  
Address 4802 GUNN HWY STE 158  
City-State-Zip: TAMPA FL 33624

*I hereby 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 all other like empowered.*

**SIGNATURE: ANITA LASCALA**

**VPD**

**02/01/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date