

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90005 035 \*\*\*150.00

|                                                    |                                                                                   |
|----------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 267518</b>                           |  |
| 1. Entity Name<br><b>KEY TRAVEL SERVICES, INC.</b> |                                                                                   |

|                                                                                      |                                                                               |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Principal Place of Business<br><b>241 SEVILLA AVE.<br/>CORAL GABLES, FL 33134 US</b> | Mailing Address<br><b>P. O. BOX 149222<br/>CORAL GABLES, FL 33114-9222 US</b> |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|

40055020



|                                                |                    |
|------------------------------------------------|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|------------------------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

03202007 Chg-P CR2E034 (12/06)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-0997458</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                                           |                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------|------|

|                                                                               |                                                                                                                     |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

|                                                |                                                                                                                  |                                                       |                                                                                                                                                                      |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10. OFFICERS AND DIRECTORS                     |                                                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D/P<br>EL-NAFFY, HANI<br>241 SEVILLA AVENUE<br>CORAL GABLES, FL 33134 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DCFO<br>INSERRA, JOHN F<br>241 SEVILLA AVENUE<br>CORAL GABLES, FL 33134 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | EVP/CFO<br>Inserra, John F.<br>241 Sevilla Avenue<br>Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D/V<br>TENAZAS, MARISSA (LOUIE R<br>241 SEVILLA AVENUE<br>CORAL GABLES, FL 33134 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D/V/AS<br>Tenazas, Marissa R.<br>241 Sevilla Avenue, Coral Gables, FL33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S/V<br>JORDAN, BRUCE A<br>241 SEVILLA AVENUE<br>CORAL GABLES, FL 33134 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S/V/General Counsel<br>Jordan, Bruce A.<br>241 Sevilla Avenue<br>Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V/T<br>THOMPSON, PETER M<br>241 SEVILLA AVENUE<br>CORAL GABLES, FL 33134 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V/T/AS<br>Thompson, Peter M.<br>241 Sevilla Avenue<br>Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>MANCILLA, SERGIO<br>241 SEVILLA AVENUE<br>CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                    |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  | Bruce A. Jordan - Secretary 3/20/07 305/520-8400 or 8056 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                             | Date Daytime Phone #                                     |

# ATTACHMENT

40039640

## KEY TRAVEL SERVICES, INC.

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ATTACHMENT  
TO  
2007 FOR PROFIT CORPORATION ANNUAL REPORT  
FLORIDA  
DOCUMENT #267518

### LIST OF ADDITIONAL OFFICERS

| Legal Name<br><br>(Last – First –<br>Middle Initial) | Title(s)                                  | Address                                      | Change/Addition |
|------------------------------------------------------|-------------------------------------------|----------------------------------------------|-----------------|
| Lazopoulos,<br>Emanuel                               | Senior Vice<br>President                  | 241 Sevilla Avenue<br>Coral Gables, FL 33134 | Addition        |
| Rice, Paul J.                                        | Senior Vice<br>President                  | 241 Sevilla Avenue<br>Coral Gables, FL 33134 | Addition        |
| Contreras, Richard                                   | Vice President and<br>Assistant Treasurer | 241 Sevilla Avenue<br>Coral Gables, FL 33134 | Addition        |
| Vicente, Monica                                      | Vice President and<br>Assistant Treasurer | 241 Sevilla Avenue<br>Coral Gables, FL 33134 | Addition        |