


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90032 027 ***150.00

DOCUMENT # 337799	
1. Entity Name TIVOLI TRAVEL SERVICE INC	

Principal Place of Business 110 SE 6TH ST 1850 SE 17th St. 100 Suite 300 FORT LAUDERDALE, FL 33301 33314	Mailing Address 110 SE 6TH ST 1850 SE 17th St. 100 Suite 300 FORT LAUDERDALE, FL 33301 33316
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50034724



02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1278941	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LABAUGH, ERIN O 440 SE 6TH ST, SUITE 100 1850 SE 17th St. Suite 300 FORT LAUDERDALE, FL 33304 33316

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD LABAUGH, ERIN O. 110 SE 6TH ST, SUITE 100 1850 SE 17th St. Suite 300 FORT LAUDERDALE, FL 33304 33316
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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 Erin O. Labaugh SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 3/29/05 Daytime Phone # 954-356-5800
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