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

changed, or on an attac

Feb 26, 2004 8:00 am Secretary of State **DOCUMENT # 341091** 1. Entity Name ALHAMBRA TRAVEL, INC. Principal Place of Business Mailing Address 6935 ARBOR OAKS CIR BRADENTON FL 34209 6935 ARBOR OAKS CIR DAULLUDU **BRADENTON FL 34209** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 59-1318784 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MELVIN WEINIKLE WEINKLE, BARBARA 6935 ARBOR OAKS CIR **BRADENTON FL 34209** 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 acce the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating 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 10. PSD president nne Delete TITLE Change Addition MELVIN WEINK PE NAME WEINKLE, BARBARA NAME 6935 ARBOR OAKS CIR 6935 ARBOR OAKS CIR STREET ADDRESS STREET ADDRESS RADENTON, FL, 344209 CiTY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP Delete Change ☐ Addition PRAPA WEINKLE 35 ARBOR OAKS CIR WEINKLE, MELVIN 6935 ARBOR OAKS DRIVE STREET ADDRESS STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 12. Thereby 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

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