


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 408614</b> 1. Entity Name <b>KINGS BAY TRAVEL SERVICE INC.</b>	
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Principal Place of Business <b>14411 S. DIXIE HWY SUITE 217 MIAMI FL 33176</b>	Mailing Address <b>14411 S. DIXIE HWY SUITE 217 MIAMI FL 33176</b>
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-1415650</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>FRIEDMAN, TALIA 14411 S. DIXIE HWY SUITE217 MIAMI FL 33176</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE Registered Agent signature required when reissuing)</small>	DATE _____
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS													
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"> <b>P</b>  <b>FRIEDMAN, TALIA</b>  <b>14411 S. DIXIE HWY, SUITE 217</b>  <b>MIAMI FL 33176</b> </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete                             </td> </tr> <tr> <td> <b>V</b>  <b>FRIEDMAN, MOSHE</b>  <b>14411S. DIXIE HWY SUITE 217</b>  <b>MIAMI FL 33176</b> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete                             </td> </tr> <tr> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete                             </td> </tr> <tr> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete                             </td> </tr> <tr> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete                             </td> </tr> <tr> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete                             </td> </tr> </table>	<b>P</b> <b>FRIEDMAN, TALIA</b> <b>14411 S. DIXIE HWY, SUITE 217</b> <b>MIAMI FL 33176</b>	<input type="checkbox"/> Delete	<b>V</b> <b>FRIEDMAN, MOSHE</b> <b>14411S. DIXIE HWY SUITE 217</b> <b>MIAMI FL 33176</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11													
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"> <b>000000188111</b>  <b>01/24/05-80042-015 150.00</b> </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                             </td> </tr> <tr> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                             </td> </tr> <tr> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                             </td> </tr> <tr> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                             </td> </tr> <tr> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                             </td> </tr> <tr> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                             </td> </tr> </table>	<b>000000188111</b> <b>01/24/05-80042-015 150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(f), 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.

<b>SIGNATURE:</b> <u>TALIA FRIEDMAN</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>1-18-05</b>	Daytime Phone # <b>(305) 233-3575</b>
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