

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90152 026 ***150.00

DOCUMENT # 408614

1. Entity Name
KINGS BAY TRAVEL SERVICE INC.



Principal Place of Business
**14473 S DIXIE HWY
MIAMI FL 33176**

Mailing Address
**14473 S DIXIE HWY
MIAMI FL 33176**

70002010



2. Principal Place of Business
14411 S. Dixie Hwy

3. Mailing Address
14411 S. Dixie Hwy

Suite, Apt. #, etc.
Suite 217

City & State
Miami, FL

Zip
33176

Country
USA

4. FEI Number **59-1415650**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FRIEDMAN, TALIA
14473 S DIXIE HWY
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name
Friedman, Talia

Street Address (P.O. Box Number is Not Acceptable)
14411 S. Dixie Hwy

Suite 217

City
Miami

FL

Zip Code
33176

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FRIEDMAN, TALIA	
STREET ADDRESS	14473 S DIXIE HWY	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	FRIEDMAN, MOSHE	
STREET ADDRESS	14473 S DIXIE HIGHWAY	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Friedman, Talia	
STREET ADDRESS	14411 S. Dixie Hwy, Suite 217	address change
CITY-ST-ZIP	Miami, FL 33176	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Friedman, Moshe	
STREET ADDRESS	14411 S. Dixie Hwy, Suite 217	address change
CITY-ST-ZIP	Miami, FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *TALIA FRIEDMAN* **6 Jan, 2003** **(305) 233-3575**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)