

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # 431747

1. Entity Name
BTM TRAVEL GROUP, INC.



Principal Place of Business
**11052 SATELLITE BLVD.
REGENCY INDUSTRIAL PARK
ORLANDO, FL 32837**

Mailing Address
**11052 SATELLITE BLVD.
REGENCY INDUSTRIAL PARK
ORLANDO, FL 32837**

DO NOT WRITE IN THIS SPACE



03032004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1482614

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARCO, CARROLL S
709 WALTHAM AVENUE
ORLANDO, FL 32809**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000123277
04/21/04-80064-015 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PDS
DE SOUZA, RENE G
10101 COLLINS AVE., #11A
BAL HARBOUR, FL 33154**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GUERINI, CLAUDIO R
10101 COLLINS AVE #11A
MIAMI BEACH, FL 33154**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ANTUNES, MARCELLO
8245 NW 93RD ST
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PEREZ, ERNESTO
3000 SW 18TH ST
MIAMI, FL 33145**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAUDIO GUERINI

03/16/04

Date

4078556321

Daytime Phone #