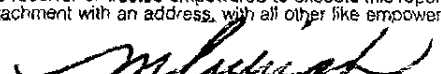


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 471222 1. Entity Name FUTURA TRAVEL, INC.					
Principal Place of Business 8746 SW 72ND ST MIAMI FL 33173 US				Mailing Address 8746 SW 72ND ST MIAMI FL 33173 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LUBIAN, MANUEL F 8521 SW 75 ST MIAMI FL 33143				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	LUBIAN MANUEL F.		NAME		
STREET ADDRESS	8521 SW 75 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	U00000521871 05/03/06-80007-004 150.00	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	LUBIAN, EUGENIA B.		NAME		
STREET ADDRESS	1350 SW 122 AVE, #117		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	FERNANDEZ, BEN		NAME		
STREET ADDRESS	1542 MALAGA		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **04/18/2006 (305) 279-23**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR