

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

2. **Mar 05, 2007 8:00 am**
Secretary of State

02-13-2007 90012 036 ***150.00

DOCUMENT # 480101

1. Entity Name
CREATIVE TRAVEL CONSULTANTS, INC.



Principal Place of Business
**700 W HILLSBORO BLVD
3-102
DEERFIELD, FL 33441 US**

Mailing Address
**700 W HILLSBORO BLVD
3-102
DEERFIELD BEACH, FL 33441 US**

DO NOT WRITE IN THIS SPACE



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1712300	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RIFAS, HAROLD M., ESQ.
7900 RED ROAD, STE. #25
MIAMI, FL 33143**

**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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BINDER, WARREN E 700 W HILLSBORO BLVD #3-102 DEERFIELD BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/07
Date

Daytime Phone # _____