


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

**FILED  
May 09, 2006 8:00 am  
Secretary of State**

05-09-2006 90083 020 \*\*\*150.00

DOCUMENT # 488 337  
1. Entity Name  
FOUR-WAY TRAVEL, INC.



**DO NOT WRITE IN THIS SPACE**

40089862 ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
9868 W SAMPLE RD  
Suite, Apt. #, etc.

3. Mailing Address  
9868 W SAMPLE RD  
Suite, Apt. #, etc.

City & State  
CORAL SPRINGS FL

City & State  
CORAL SPRINGS FL

4. FEI Number  
59-1634629

Applied For  
 Not Applicable

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

Zip Country  
33065

Zip Country  
33065

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
BIONDOLILLO ANN MARIE

Street Address (P.O. Box Number is Not Acceptable)  
6689 NW 70TH PLACE

City  
PARKLAND FL

Zip Code  
33067

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signatures required when renouncing.)

January 1 - May 1, Fee Is \$150.00  
After May 1, Fee Is \$550.00  
Amended UBR Is \$61.25  
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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	BIONDOLILLO ANN MARIE	6689 NW 70TH PLACE	PARKLAND FL 33067				

**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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 4/27/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (1/2/02)