

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 494413	
1. Entity Name INTERNATIONAL TRAVEL & SPORTS, INC.	

Principal Place of Business 4995 NW 79 AVE. SUITE 109 MIAMI, FL 33166	Mailing Address 4995 NW 79 AVE. SUITE 109 MIAMI, FL 33166
--	--

DO NOT WRITE IN THIS SPACE



02032004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1661754	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUNOZ, DINORAH
4995 NW 79 AVE.
SUITE 109
MIAMI, FL 33166

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 _____ (NOTE: Registered Agent signature required when relocating) 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
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MUNOZ, DINORAH 4995 NW 79 AVE, STE. 109 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000042060
02/10/04-80007-016 150.00

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: *D Munoz* **2/3/04 (305) 591-9494**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

D MUNOZ