


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90178 006 ***158.75

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
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2. Principal Place of Business - No P.O. Box # 4995 NW 79 AVE	3. Mailing Address 4995 NW 79 AVE
Suite, Apt. #, etc. # 109	Suite, Apt. #, etc. # 109

City & State DORAL, FL	City & State DORAL, FL
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Zip 33166	Country USA	Zip 33166	Country USA
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04122007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1661754	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MUNOZ, DINORAH 4995 NW 79 AVE. SUITE 109 MIAMI, FL 33166
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7. Name and Address of New Registered Agent Name ANTONIO J MORENO Street Address (P.O. Box Number is Not Acceptable) 4995 NW 79 AVE # 109 City DORAL FL Zip Code 33166
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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]* (PRESIDENT) **ANTONIO J MORENO** 4/12/07
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MUNOZ, DINORAH 4995 NW 79 AVE. STE. 109 MIAMI, FL 33166 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MORENO, ANTONIO J 4995 NW 79 AVE # 109 DORAL, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* (PRESIDENT) **ANTONIO J MORENO** 4/12/07
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **(305) 591-9494**