

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 08:00 AM
Secretary of State

DOCUMENT # 529919

1. Entity Name
NEW VISION TRAVEL, INC.



Principal Place of Business

**2750 N. 29TH AVENUE
114F
HOLLYWOOD, FL 33021**

Mailing Address

**2400 E LAS OLAS BLVD.
124
FORT LAUDERDALE, FL 33301-1529**



09012006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1737842

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAMPERT, WAYNE M
2400 E LAS OLAS BLVD.
124
FORT LAUDERDALE, FL 33301-1582**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAMPERT, WAYNE M
STREET ADDRESS	333 SUNSET DR #107
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	S
NAME	BUSTAMANTE, RICARDO IV
STREET ADDRESS	333 SUNSET DR #107
CITY-ST-ZIP	FORT LAUDERDALE, FL 333013728
TITLE	VPD
NAME	LAMPERT, TOBY
STREET ADDRESS	3850 N. 38 AVE. - VILLA 48
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000575981
09/05/06-80004-004 158.75

**DO NOT WRITE
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:

Wayne M. Lampert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/06

Date

954-467-0113

Daytime Phone #