2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State
04-04-2005 90057 014 ***150.00

DOCUMENT # 578702

1. Entity Name
SUNBURST TRAVEL, INC.

Principal Place of Business	Mailing Address
2525 NORTH HIATUS ROAD COOPER CITY, FL 33026	2525 NORTH HIATUS ROAD COOPER CITY, FL 33026

2. Principal Place of Business	3. Mailing Address
9131 TAFT STREET	9131 TAFT Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines FL.	City & State: Pembroke Pines FL.
Zip: 33024 Country: U.S.	Zip: 33024 Country: U.S.

01132005 Chg-P CR2E034 (10/03)

4. FEI Number: 59-1843031 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GEWIRTZ, NORMAN
12954 NW 18TH MANOR
PEMBROKE PINES, FL 33028

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 of officer or director of registered agent and title if applicable. Norman Gewirtz 4/01/05
(NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD ☐ Delete
NAME	GEWIRTZ, NORMAN
STREET ADDRESS	12954 NW 18TH MANOR
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	DVS ☐ Delete
NAME	GEWIRTZ, SYLVIA
STREET ADDRESS	12954 NW 18TH MANOR
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☒ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/01/05 — Daytime Phone #: 954-431-7771