

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 677847**

1. Entity Name  
POST HASTE TRAVEL SERVICE, INC.



Principal Place of Business

4415 SHERIDAN STREET  
HOLLYWOOD, FL 33021 US

Mailing Address

4415 SHERIDAN STREET  
C/O SYLVIA M. BERMAN  
HOLLYWOOD, FL 33021 US



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2005824

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BERMAN, SYLVIA M.  
4415 SHERIDAN STREET  
HOLLYWOOD, FL 33021

**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

*Sylvia M. Berman*  
Signature, typed or printed name of registered agent and title if applicable.

*Sylvia M. Berman* 1-7-08  
(NOTE: Registered Agent signature required when renaming) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	BERMAN, ROBERT
STREET ADDRESS	3349 HOLLYWOOD OAKS DR.
CITY-ST-ZIP	HOLLYWOOD, FL 33312
TITLE	DP
NAME	BERMAN, SYLVIA M
STREET ADDRESS	3349 HOLLYWOOD OAKS DR.
CITY-ST-ZIP	HOLLYWOOD, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/08-80001-003 150.00

**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:

*Sylvia M. Berman* *Sylvia M. Berman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-08 954-966-7690  
Date Daytime Phone #