


FILED

Apr 28, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 681529 1. Entity Name TAMARAC TRAVEL AGENCY, INC.	
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Principal Place of Business 5731 N UNIVERSITY DR TAMARAC, FL 33321 US	Mailing Address 5731 N UNIVERSITY DR TAMARAC, FL 33321 US
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DO NOT WRITE IN THIS SPACE



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2019595	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

D'AMATO, RICHARD G
5731 N. UNIVERSITY DR
TAMARAC, FL 33321

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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:  **RICHARD G. D'AMATO** April 24 2005
Signature, typed or printed name of registered agent and (if applicable) (NOT for Registered Agent signature required when holding) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00


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	PD D'AMATO, RICHARD G 10837 PIPING ROCK CIRCLE ORLANDO, FL 328172939
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04/28/05-80019-021 150.00

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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 empowerment.

SIGNATURE:  **RICHARD G. D'AMATO** 4/24/05 321-335-9047
Signature and typed or printed name of signing officer or director Date Owing Phone #