


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2006 8:00 am
Secretary of State

06-30-2006 90001 026 ***150.00

DOCUMENT # 681529

1. Entity Name
TAMARAC TRAVEL AGENCY, INC.



Principal Place of Business
**5731 N UNIVERSITY DR
TAMARAC, FL 33321 US**

Mailing Address
**5731 N UNIVERSITY DR
TAMARAC, FL 33321 US**

40097575



2. Principal Place of Business
3300 N. UNIVERSITY DR

3. Mailing Address
3300 N. UNIVERSITY DR.

Suite, Apt. #, etc.
SUITE 321

City & State
CORAL SPRINGS FLORIDA

City & State
CORAL SPRINGS, FL

Zip Country
33065 USA

Zip Country
33065 USA

06162006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2019595

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
RICHARD G. D'AMATO

Street Address (P.O. Box Number is Not Acceptable)
**3300 N. UNIVERSITY DR
SUITE 321**

City **CORAL SPRINGS** FL Zip Code **33065**

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* **RICHARD G. D'AMATO** **JUN 23, 2006**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME D'AMATO, RICHARD G		NAME	
STREET ADDRESS 10837 PIPING ROCK CIRCLE		STREET ADDRESS	
CITY-ST-ZIP ORLANDO, FL 328172939		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 *Richard G. D'Amato* **RICHARD G D'AMATO** **954-246-9051**

Signature and typed or printed name of signing officer or director Date Daytime Phone #