

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90183 005 \*\*\*150.00

**DOCUMENT # F00000002298**

1. Entity Name  
**ALL CONTINENTS TRAVEL, INC.**



Principal Place of Business  
**11099 S LACIENEGA BLVD  
210  
LOS ANGELES, CA 90045**

Mailing Address  
**11099 S LACIENEGA BLVD  
210  
LOS ANGELES, CA 90045**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032007

Chg-P

CR2E034 (12/06)

4. FEI Number  
**95-3940250**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TASLIKIOGLI, AYSEGUL  
915 MIDDLE RIVER DR  
410  
FORT LAUDERDALE, FL 33304**

Name **Nataliya Boyles**

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

**915 Middle River Dr. #410**

City **Fort Lauderdale**

**FL**

Zip Code **33304**

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

*Nataliya Boyles*

**01-08-07**

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  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **OZYURTCU, HUSEYIN**  
STREET ADDRESS **11099 S LACIENEGA BLVD**  
CITY-ST-ZIP **LOS ANGELES, CA 90045**

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

TITLE **V** ☐ Delete  
NAME **AKSOY, EREN**  
STREET ADDRESS **3724 SPENCER ST., #221**  
CITY-ST-ZIP **TORRANCE, CA 90503**

TITLE **V** ☒ Change ☐ Addition  
NAME **Aksoy, Eren**  
STREET ADDRESS **4835 E Anaheim St #305**  
CITY-ST-ZIP **Long Beach CA 90804**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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:

*Eren Aksoy*

**Eren Aksoy**

**1-4-07**

**310 645 6144**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #