FILED Apr 28, 2003 8:00 am Secretary of State

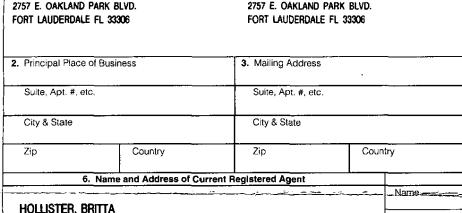
04-28-2003 90162 034 ***150.00

2003 FO	R PROFIT	CORPORA'	TION
UNIFORM	BUSINES	S REPORT	(UBR)

DOCUMENT #

F00192 1. Entity Name

CLOUD 9 TRAVEL, INC. Principal Place of Business Mailing Address 2757 E. OAKLAND PARK BLVD. 2757 E. OAKLAND PARK BLVD.



☐ CHECK HERE IF MAKING CHANGES

7. Name and Address of New Registered Agent				
5.	Certificate of Status Desired		\$8./5 Additional Fee Required	

HOLLISTER, BRITTA 2757 E. OAKLAND PK. BL. FORT LAUDERDALE FL 33306

SIGNATURE

Name ——				
Street Address (P.O. Box Numb	er is Not Acceptable)			
	-			
City		FL	Zip Code	

Trust Fund Contribution.

59-2059192

4. FEI Number

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, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

DATE

\$5.00 May Be Added to Fees

Applied For

Not Applicable

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Delete HOLLISTER, BRITTA 2757 E. OAKLAND PK. BL. FT LAUDERDALE, FL 0	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition .

12. Thereby 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: