

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90013 026 ***150.00

DOCUMENT # F03000004495

1. Entity Name

IDEAL TRAVEL INC.



Principal Place of Business

4141 NW 75 TERRACE
LAUDERHILL FL 33319

Mailing Address

PO BOX 450816
SUNRISE FL 33345

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

48-1294664

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

VASQUEZ, GOLDEN
1070 SUNSET STRIP STE. 210
SUNRISE FL 33319

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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	VC	<input type="checkbox"/> Delete
NAME	VASQVEZ, GOLDEN	
STREET ADDRESS	4141 NW 75 TERRACE	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	VASQVEZ, JERRY	
STREET ADDRESS	4141 NW 75 TERRACE	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	P	<input type="checkbox"/> Delete
NAME	MIGHTY, JOAN	
STREET ADDRESS	928 E 215 ST	
CITY-ST-ZIP	BRONX NY 10469	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MIGHTY, KENYA	
STREET ADDRESS	928 E 215 ST	
CITY-ST-ZIP	BRONX NY 10469	
TITLE	S	<input type="checkbox"/> Delete
NAME	MAHONEY, BLOSSOM	
STREET ADDRESS	928 E 215 ST	
CITY-ST-ZIP	BRONX NY 10469	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOHONEY, ASHLEY	
STREET ADDRESS	928 E 215 ST	
CITY-ST-ZIP	BRONX NY 10469	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #