

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000002089**

1. Entity Name  
**MERIDIAN TRAVEL INC.**



Principal Place of Business  
**1815 GRIFFIN ROAD  
SUITE 101  
DANIA BEACH, FL 33004**

Mailing Address  
**1815 GRIFFIN ROAD  
SUITE 101  
DANIA BEACH, FL 33004**



01232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>16-1443653</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MELTZER, SANFORD MR  
1815 GRIFFIN ROAD, SUITE 101  
DANIA BEACH, FL 33004**

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_ (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**

TITLE	PCST
NAME	MELTZER, SANFORD
STREET ADDRESS	1815 GRIFFIN ROAD, SUITE 101
CITY- ST- ZIP	DANIA BEACH, FL 33004

TITLE	VSD
NAME	SAMEL, HIRAM M
STREET ADDRESS	643 SUMMER ST
CITY- ST- ZIP	BOSTON, MA 02210

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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NAME	
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STREET ADDRESS	
CITY- ST- ZIP	

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01/30/07-80056-006 150.00

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IN THIS SPACE**

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: *Sanford Meltzer* **SANFORD MELTZER** 1/24/07 954-902-5439  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #