

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # F05000004198

1. Entity Name  
AMERICAN & OVERSEAS TRAVEL CORPORATION



Principal Place of Business

2809 BIRD AVENUE  
STE. 2G  
MIAMI, FL 33133

Mailing Address

2809 BIRD AVENUE  
STE. 2G  
MIAMI, FL 33133



01152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 52-1543739	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KANAT, SUZANNE  
2809 BIRD AVENUE STE. 2G  
MIAMI, FL 33133

**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

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

TITLE	CP
NAME	KANAT, SUZANNE
STREET ADDRESS	310 JEFFERSON AVE. #2
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	VPCS
NAME	SYRISTE, ANNA
STREET ADDRESS	310 JEFFERSON AVE. #2
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	TD
NAME	KANAT, PETER
STREET ADDRESS	310 JEFFERSON AVE. #2
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/26/07-80062-001 150.00

**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PETER KANAT 2/13/07 325-444  
0553