

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F87302

**FILED
Aug 22, 2005
Secretary of State**

Entity Name: FOUR AMBASSADORS TRAVEL, INC.

Current Principal Place of Business:

3510 CORAL WAY, SUITE A
MIAMI, FL 33145

New Principal Place of Business:

1350 SW 57TH AVE
SUITE 101
MIAMI, FL 33144

Current Mailing Address:

3510 CORAL WAY, SUITE A
MIAMI, FL 33145

New Mailing Address:

1350 SW 57TH AVE
SUITE 101
MIAMI, FL 33144

FEI Number: 59-2207632 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KOMMERS, GARY F
5701 S.W. 30TH STREET
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KOMMERS, GARY F.,
Address: 5701 S.W. 30 STREET
City-St-Zip: MIAMI, FL 33155

Title: VT () Delete
Name: KOMMERS, ELAINE F.,
Address: 5701 S.W. 30 STREET
City-St-Zip: MIAMI, FL 33155

Title: S () Delete
Name: KOMMERS, ELAINE F.,
Address: 5701 S.W. 30 STREET
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: KOMMERS, JAMES
Address: 2371 SW 23 STREET
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE KOMMERS

VT

08/22/2005

Electronic Signature of Signing Officer or Director

_____ Date