


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # F87302
 1. Entity Name
FOUR AMBASSADORS TRAVEL, INC.



Principal Place of Business 1350 SW 57TH AVE SUITE 101 MIAMI, FL 33144	Mailing Address 1350 SW 57TH AVE SUITE 101 MIAMI, FL 33144
---	---



03012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2207632	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
KOMMERS, GARY F
5701 S.W. 30TH STREET
MIAMI, FL 33155

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 NAME STREET ADDRESS CITY-ST-ZIP	PD KOMMERS, GARY F. 5701 S.W. 30 STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KOMMERS, ELAINE F. 5701 S.W. 30 STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOMMERS, ELAINE F. 5701 S.W. 30 STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOMMERS, JAMES 2371 SW 23 STREET MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000660152
 03/19/07-80014-012 150.00

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:  **Gary F. Kommers** 3/1/2007 305 444 1991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #