

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F87302

FILED
Jul 06, 2009
Secretary of State

Entity Name: FOUR AMBASSADORS TRAVEL, INC.

Current Principal Place of Business:

1350 SW 57TH AVE
SUITE 101
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

1350 SW 57TH AVE
SUITE 101
MIAMI, FL 33144

New Mailing Address:

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

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

Title: D () Delete
Name: KOMMERS, DAVID
Address: 1450 SW 58 AVE.
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: SCHNEIDER, TAMARA
Address: 9454 NW 27 TERRACE
City-St-Zip: DORAL, FL 33172

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:

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 exemption stated 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 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: TAMARA SCHNEIDER

D

07/06/2009

Electronic Signature of Signing Officer or Director

_____ Date