

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F9600000608

1. Entity Name
STA TRAVEL, INC.

Principal Place of Business
5900 WILSHIRE BLVD., #900
LOS ANGELES, CA 90036

Mailing Address
5900 WILSHIRE BLVD., #900
LOS ANGELES, CA 90036



02112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-2751323

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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, 2005 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	C PORTER, RICHARD 160-161 DRURY LANE LONDON, UK wc2b 5qb
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, NICHOLAS 4232 AGNES AVE. STUDIO CITY, CA 91604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BELTRAN, KEN 1940 N. HIGHLAND AVE #52 HOLLYWOOD, CA 90068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PIEKARZ, ANDRIA 14423 MULHOLLAND DRIVE LOS ANGELES, CA 90077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000261980
 03/14/05-80033-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: KEN BELTRAN 03/04/05 (323) 964-1953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #