

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90098 023 ***158.75

DOCUMENT # G80696 1. Entity Name INTERCONTINENTAL TRAVEL AGENCY, INC.			
Principal Place of Business 3332 N.E. 33RD ST. FT. LAUDERDALE, FL 33308-7133		Mailing Address 3332 N.E. 33RD ST. FT. LAUDERDALE, FL 33308-7133	
2. Principal Place of Business 5399 N. Dixie Hwy Suite, Apt. #, etc. Ste 209 City & State Fort Lauderdale, FL Zip 33334 Country USA		3. Mailing Address 5399 N. Dixie Hwy Suite, Apt. #, etc. Ste 209 City & State Ft. Lauderdale FL Zip 33334 Country USA	
4. FEI Number 59-2348367		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TIBBETTS, SALLY 3332 NE 33RD ST. FORT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name MILTON A. FERREIRA Street Address (P.O. Box Number is Not Acceptable) 1501 NW 42nd St City Ft Lauderdale FL Zip Code 33309	
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: <u>Walter A. Ferreira</u> 3/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME TIBBETTS, SALLY STREET ADDRESS 3332 NE 33RD ST. CITY-ST-ZIP FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 1159 Broadway STREET ADDRESS Hanover, MA 02339 CITY-ST-ZIP	
TITLE VP NAME FERREIRA, MILTON STREET ADDRESS 200 SOUTH BIRCH RD. CITY-ST-ZIP FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 1501 NW 42nd St, STREET ADDRESS Ft. Lauderdale, FL 33309 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Walter A. Ferreira</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3/25/05 Daytime Phone # 954-566-7111	

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