

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # H16443

1. Entity Name
PROFESSIONAL TRAVEL ASSOCIATES, INC.



Principal Place of Business

11920 SW 22 CT
DAVIE, FL 33325 US

Mailing Address

11920 SW 22 CT
DAVIE, FL 33325 US



02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2441641

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHMIDT, CELIA
11920 SW 22 CT
DAVIE, FL 33325

**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
S
SCHMIDT, MARK
11920 SW 22 CT,
DAVIE, FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SCHMIDT, CELIA
11920 SW 22 CT,
DAVIE, FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHMIDT, JUSTIN
11920 SW 22 CT,
DAVIE, FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MATTEL, HARVEY
11920 SW 22 CT,
DAVIE, FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BLUM, ETHEL
11920 SW 22 CT,
DAVIE, FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

U00000250731
03/04/05-80023-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: Celia Schmidt CELIA SCHMIDT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/05 954-472-5508
Date Daytime Phone #