


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # H16443 1. Entity Name PROFESSIONAL TRAVEL ASSOCIATES, INC.	
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Principal Place of Business 11920 SW 22 CT DAVIE, FL 33325 US	Mailing Address 11920 SW 22 CT DAVIE, FL 33325 US
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01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2441641	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 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 reappointing) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	S
NAME	SCHMIDT, MARK
STREET ADDRESS	11920 SW 22 CT,
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	P
NAME	SCHMIDT, CELIA
STREET ADDRESS	11920 SW 22 CT,
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	D
NAME	SCHMIDT, JUSTIN
STREET ADDRESS	11920 SW 22 CT,
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	D
NAME	MATTEL, HARVEY
STREET ADDRESS	11920 SW 22 CT,
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	D
NAME	BLUM, ETHEL
STREET ADDRESS	11920 SW 22 CT,
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000391678
01/24/06-80052-004 150.00

**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: Celia Schmidt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CELIA SCHMIDT

1/16/06 954-472-5508
Date Daytime Phone #