# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 04, 2007 08:00 A**
**Secretary of State**

DOCUMENT # H16443

1. Entity Name
PROFESSIONAL TRAVEL ASSOCIATES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 11920 SW 22 CT<br>DAVIE, FL 33325 US | 11920 SW 22 CT<br>DAVIE, FL 33325 US |

05022007 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 ☑ **$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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 | |

U00000761472
05/25/07-80056-015 158.75

**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 CELIA SCHMIDT, Pres. 5/2/07 954-472-5508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #