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
11920 SW 22 CT
DAVIE, FL 33325 US

Mailing Address
11920 SW 22 CT
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

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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
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	

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05/25/07-80056-015 158.75

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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 #