

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H16443

FILED  
Mar 31, 2008  
Secretary of State

Entity Name: PROFESSIONAL TRAVEL ASSOCIATES, INC.

## Current Principal Place of Business:

11920 SW 22 CT  
DAVIE, FL 33325 US

## New Principal Place of Business:

## Current Mailing Address:

11920 SW 22 CT  
DAVIE, FL 33325 US

## New Mailing Address:

FEI Number: 59-2441641

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHMIDT, CELIA  
11920 SW 22 CT  
DAVIE, FL 33325 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: SCHMIDT, MARK  
Address: 11920 SW 22 CT,  
City-St-Zip: DAVIE, FL 33325

Title: P ( ) Delete  
Name: SCHMIDT, CELIA  
Address: 11920 SW 22 CT,  
City-St-Zip: DAVIE, FL 33325

Title: D ( ) Delete  
Name: SCHMIDT, JUSTIN  
Address: 11920 SW 22 CT,  
City-St-Zip: DAVIE, FL 33325

Title: D ( ) Delete  
Name: MATTEL, HARVEY  
Address: 11920 SW 22 CT,  
City-St-Zip: DAVIE, FL 33325

Title: D ( ) Delete  
Name: BLUM, ETHEL  
Address: 11920 SW 22 CT,  
City-St-Zip: DAVIE, FL 33325

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition  
Name: SCHMIDT, MARK L  
Address: 11920 SW 22 CT,  
City-St-Zip: DAVIE, FL 33325

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CELIA SCHMIDT

PRES

03/31/2008

Electronic Signature of Signing Officer or Director

Date