

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H16443

FILED
Mar 19, 2009
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:

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

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: CELIA SCHMIDT

03/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: SCHMIDT, MARK L
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: () 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:

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

03/19/2009

Electronic Signature of Signing Officer or Director

Date