

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90105 019 ***150.00

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02072006 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-2519974 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DOCUMENT # H51363

1. Entity Name
GUARDIAN TRAVEL, INC.



| | |
|--|--|
| Principal Place of Business 11222 QUAIL ROOST DRIVE MIAMI, FL 33157 | Mailing Address 11222 QUAIL ROOST DRIVE MIAMI, FL 33157 |
|--|--|

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NOONAN, PAMELA
 11222 QUAIL ROOST DRIVE
 MIAMI, FL 33157**

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 *Pamela Noonan* 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
 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 NAME STREET ADDRESS CITY-ST-ZIP | DV CAL, JOHN 11222 QUAIL ROOST DRIVE MIAMI, FL 33157 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD NOONAN, PAMELA 11222 QUAIL ROOST DRIVE MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HEGGEN, ART 11222 QUAIL ROOST DRIVE MIAMI, FL 33157 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SAUNDERS, CYNTHIA 11222 QUAIL ROOST DRIVE MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MANOLA GUTIERREZ 11222 QUAIL ROOST DRIVE MIAMI FL 33157 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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: *Pamela Noonan* **PAMELA NOONAN** 2/24/06 **(305)233-1178**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #