


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # J19665
 1. Entity Name
IVES TRAVEL, INC.



Principal Place of Business
 2440 NE MIAMI GARDENS DRIVE
 107
 NORTH MIAMI BEACH, FL 33180 US

Mailing Address
 20505 E. COUNTRY CLUB DRIVE
 APT. 1635
 AVENTURA, FL 33179 US

DO NOT WRITE IN THIS SPACE



05292005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2693613

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
STEIN, ABE A.
20505 E. COUNTRY CLUB DR., APT. 1635
AVENTURA, FL 33180

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I, 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 7, 2005

8. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STEIN, ABE A.
STREET ADDRESS	20505 E CNTRY CB DR 1635
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 07/05/05-80004-007 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Abc A Stein* **ABC A-STEIN** **6-30-05** **305-935-9952**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #