

2004 FOR PROFIT CORPORATION ANNUAL REPORT



FILED

04 MAY -5 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # J44811 1. Entity Name THE TRAVEL STATION, INC.					
Principal Place of Business		Mailing Address			
2. Principal Place of Business 10242 NW 47th St.		3. Mailing Address Same.			
Suite, Apt. #, etc. # 37		Suite, Apt. #, etc.			
City & State Sunrise FL.		City & State		4. FEI Number 59-2743536	
Zip 33351		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FILINGS INC. 3732 N.W. 16TH ST. FORT LAUDERDALE, FL 33311			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD		<input type="checkbox"/> Delete		
NAME	HEYMAN, BONNIE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	10242 N.W. 47TH ST, SUITE 37				
CITY-ST-ZIP	SUNRISE, FL 33351				
TITLE	V		<input type="checkbox"/> Delete		
NAME	HEYMAN, LESLIE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	3732 NW 16TH ST		900036067059 05/11/04--01078--012 **150.00		
CITY-ST-ZIP	FT LAUDERDALE, FL 33311		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	VP		<input type="checkbox"/> Delete		
NAME	HEYMAN, TRACIE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	3732 NW 16TH ST				
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311				
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			Date: 5/3/04		Daytime Phone #: 954 749 1100
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					