## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 28, 2005 08:00 AM Secretary of State DOCUMENT # J60527 1. Entity Name THE TRAVEL SOURCE, INC. Principal Place of Business Mailing Address 1500 SOUTH DIXIE HIGHWAY 1500 SOUTH DIXIE HIGHWAY SUITE 250 SUITE 250 CORAL GABLES, FL 33146 US CORAL GABLES, FL 33146 04262005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2777675 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ROSENBERG, NORMAN 8130 SW 140 TERR. MIAMI, FL 33158 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ROSENBERG, NORMAN NAME STREET ADDRESS 8130 SW 140 TERR. Uni0000339138 <u>04/28/05-800</u>64-014\_150.00 MIAMI, FL 33158 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITI E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

4-26-01-305663-2511