



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J95519</b>			
1. Entity Name UNIGLOBE TRAVEL (TRANS AMERICA), INC.			
Principal Place of Business 1199 WEST PENDER STREET SUITE 900 VANCOUVER, BC CANADA V6E 2R1,		Mailing Address 1199 WEST PENDER STREET SUITE 900 VANCOUVER, BC CANADA V6E 2R1,	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01072004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2994647	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  BEYER, DAVID A. % RUDNICK & WOLFE 101 E. KENNEDY BLVD., #2000 TAMPA, FL 33602-2133		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  000000117298 04/19/04-80014-007 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO CHARLWOOD, GARY 900-1199 W PENDER VANCOUVER, BC		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BARTRAM, TRACY #900-1199 W. PENDER ST. VANCOUVER, BC,		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CHARLWOOD, MARTIN #900-1199 W PENDER VANCOUVER, BC		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SNYDER, STEPHEN, H 3001 BETHEL RD COLUMBUS, OH		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAWBY, DONALD #900-1199 W PENDER VANCOUVER, BC		
TITLE NAME 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: <u>TRACY BARTRAM</u>		Date: <u>04/17/04</u>	Daytime Phone #: <u>604 718-2620</u>